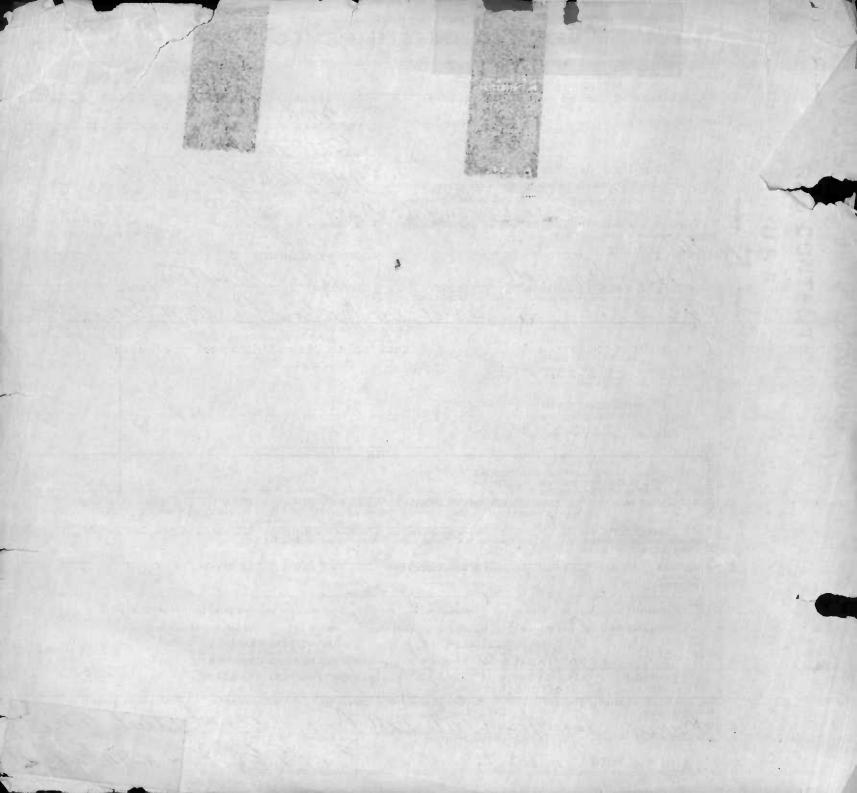
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing a shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causswas D.O.A. at a hospital (except where the physician who pronounced death was in regular atterdeceased prior to death); and (6) No physician was in regular attendance on the deceased prior t	written approval must be obtained before the remains are embalmed or final disposition is made. 🔍
		-

100	65-20463 65 8503 BALTIMORE CITY HEALTH DEPARTMENT
ath sed the uch	M.E. CASE NO. CERTIFICATE OF DEATH
dea dea ceas	1. NAME OF DECEASED (Type or Print) SIMMS BARY BOY of CHARA 81565 330 A.M.
spit of of of of of of	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street)
cause causes use; (3 enda	HOSPITAL OR Oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
ing in after after rior	D. STREET ADDRESS (If rurol, give locotion)
ribut ribut jular ed p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. Months Days Hours Min.
cont cont stern reg ceas n is r	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
deat Undas ir as ir e de	fotice officer HARbor Towner MARY AND USA.
direct direct ; (4) U th was on the dispos	REGINALD SIMMS CLARA DRUNGODE
sistar the d kind deat deat nce o	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. Mather Clara Simms
o, if any nced	18. 76 8 5 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
Also non atte	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO
iner. ractu pro gular emba	heart failure, asthenia, etc. II means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES (B) Introduce Intection 24hr)
exam xam 3) A f who	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the (C)
dical cal e ns; (3 ician ras in	UNDERLYING CONDITION last.
medi medi phys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chie y a Body the tysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location)
tal b e; (2) here No ph	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?
ed by nospi ature pt w (6) N	21D. TIME (Month! (Doy) (Year) (Hour! 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
prov the liny n exce and	22. I certify that (1) (this hospital) attended the deceased from 2 7m 8 15 19 65 to 3 7m 19 65 ,
st be ap ased to lent of a sspital (death);	thet (1) (we) lost saw the deceosed clive on 3 AM 8 1 1 19 0 ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove (1) (We) (did) (did not) view the body ofter death.
must be a eleased to cident of hospital to death)	23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff
0 - 0 - >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
certificat body was vs: (1) An D.O.A. at assed pric	24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Own, or county) (Stote)
This certify the body shows: (1) was D.O wastren a	8.15-65 the John Henkeys New Jol 601 / Broading
the k show was dece	25A DATE REC'D BY HEALTH DEPT 256 NAME OF REGISTRAR VS 150-REV 1/1/65



Accident X

ISHER

24B NAME OF

Suicide

23C. NAME OF CEMETERY OF CREMATORY

resulted fram: Natural causes

ACTUAL

23A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S NAME (Type) HamicIde

M. D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER X

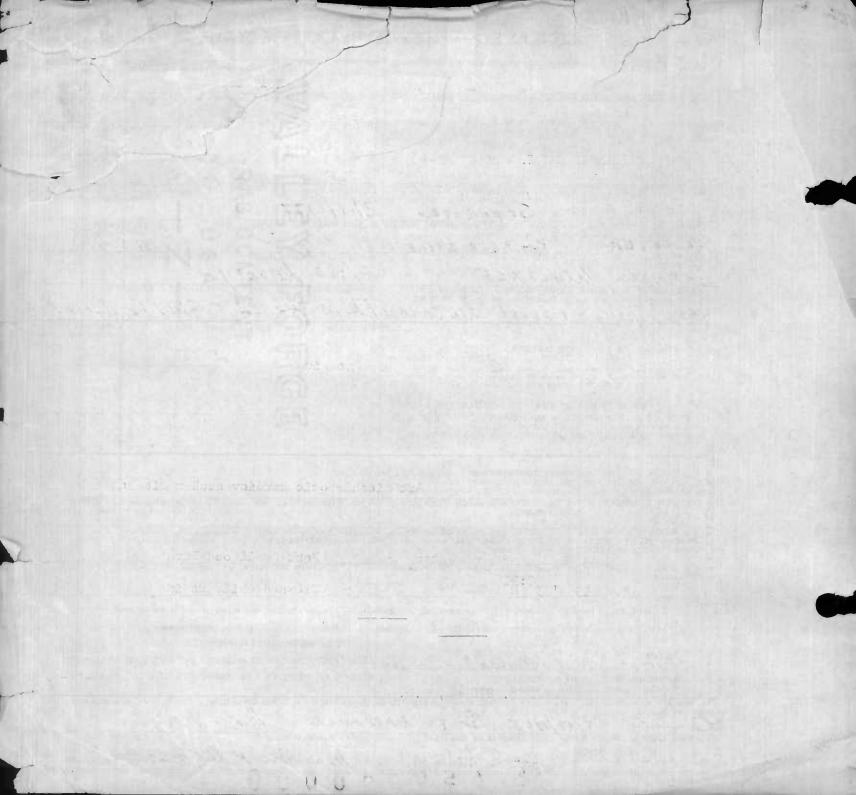
23D. LOCATION

Undetermined manner

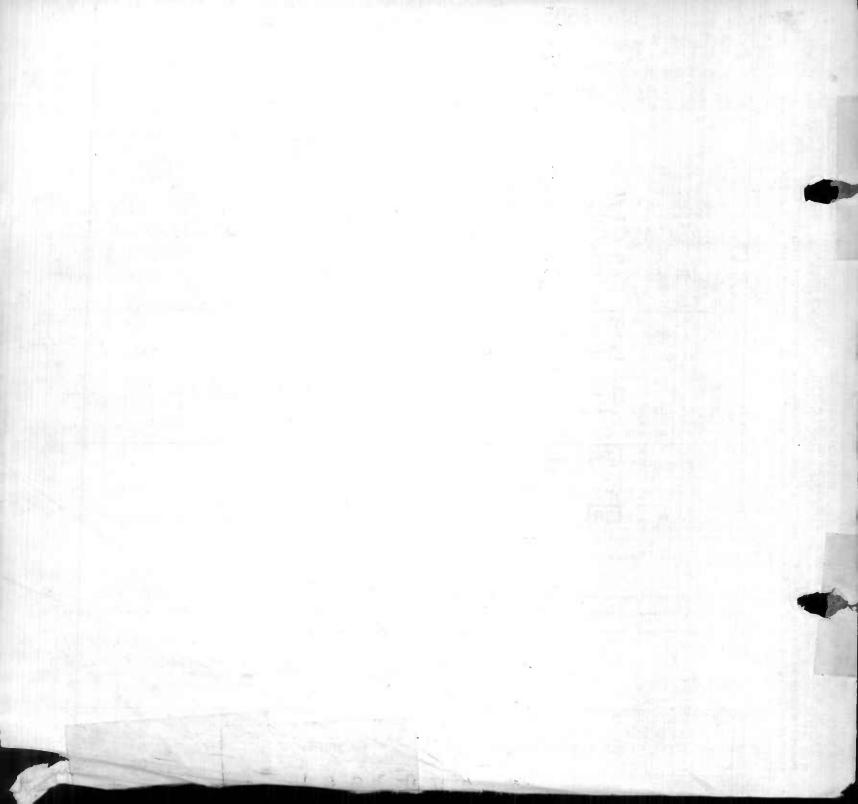
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8-16-65

(City, town, or county)

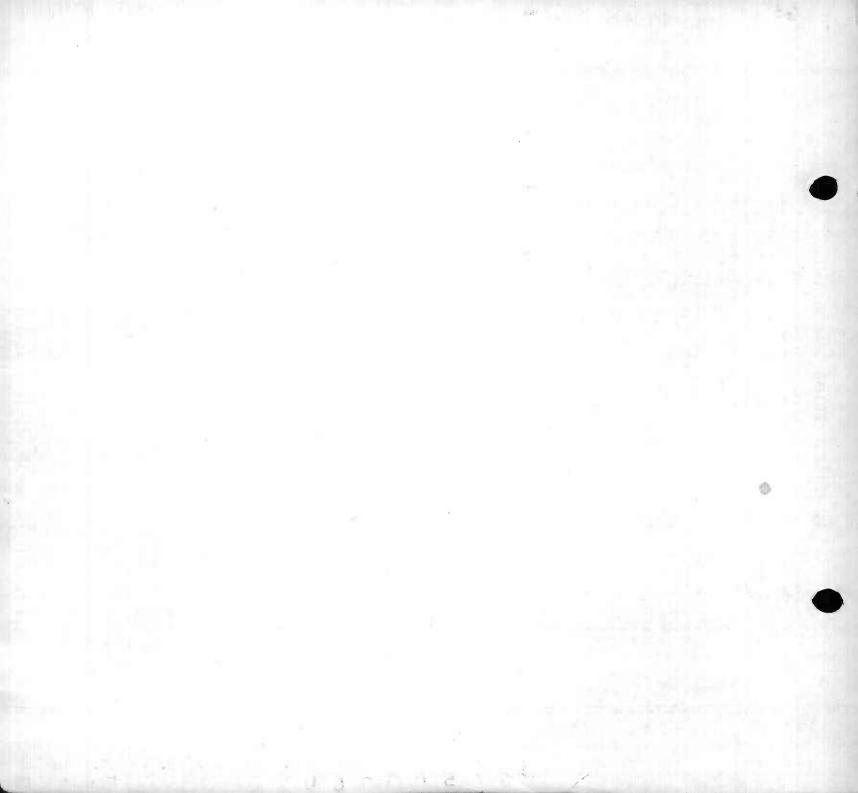


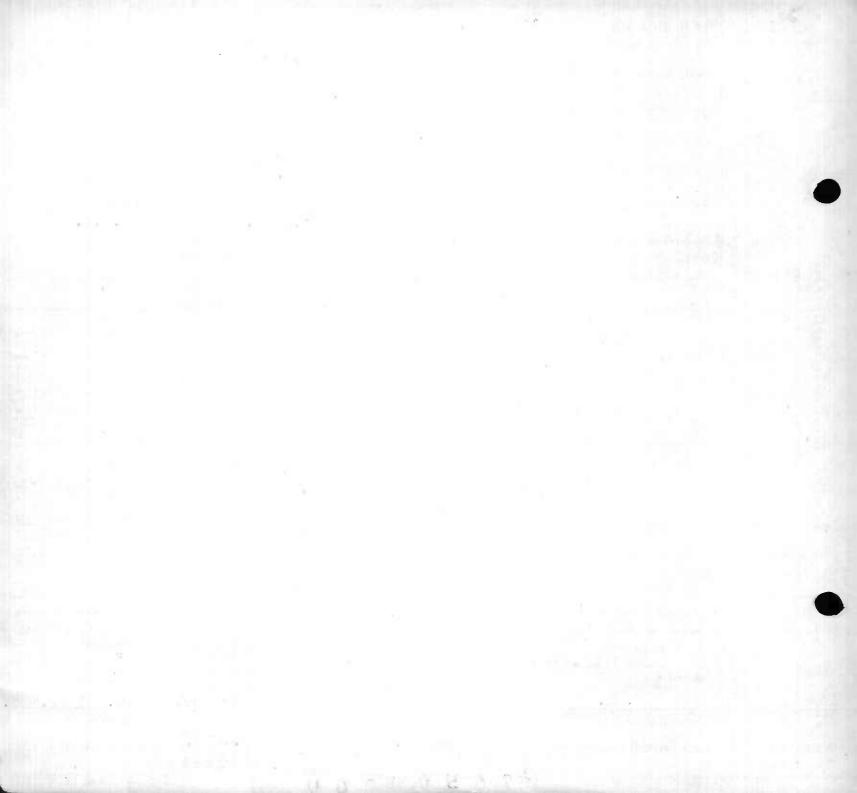
65 8505	BALTIMORE CITY HEALTH DEI		65 856
MR.E. CASE NO.	CERTIFICATE OF	DEATH Registered N	la
NAME OF DECEASED	. / /	2. DATE AND HOUR OF DEA	TH 1/2
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RE	ESIDENCE (Where deceased lived.	If institution: residence bel
FULL NAME OF (If not in hospital or institution,	to special Mar-	Y/and	8
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR	TOWN (If autside city limits, wr	te RURAL ond give town:
	D. STREET A	DDRESS (If rurol, give location)	
	12	-06 N. Brag	11 0 0 1
WIDOWE	NEVER MARRIED D, DIVORCED (specify) 8. DATE OF B	9. AGE (In years	If Under 1 Yr. If Months Doys Hor
M Canc Ma	FRISINESS OF INDUSTRY 11 RIPTHPIA	CE (State or foreign country)	3 III CITIZEN OF
done during most of working life, even if retired)	le of polto M	e. ~ / a . / d	12. CITIZEN OF WHAT COUNT
Retined - City Emp. 13. FATHER'S NAME	14. MOTHER	S MAIDEN NAME	4.3
The week Rock	Y	Brasher	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL 17. INFORMA	NI OUR O	ADDRESS
Hes Worl	214-90.4513 CKar	lettesteel,	1206 11. Brak
9.5-40,0H260X	CAUSE OF DEATH	THE SECOND PARTY.	INTERVAL ONSET AN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Soute up	eper G.I. hemo	whate 4-0
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease	DUE TO		
injury ar camplication which caused death.) ANTECEDENT CAUSES	18 Probable	gastriculaer	7
DISEASES OR CONDITIONS, if ony, giving	DUE TO	acu	ite
rise to the above cause (A) stating the UNDERLYING CONDITION last.		00 00 00 00 00 00 00 00 00 00 00 00 00	000000000000000000000000000000000000000
II -			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE Diabetes		
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		OPSY? (Yes of No.) 208. IF YES, WE	RE FINDINGS CONSIDER CAUSES OF DEATH?
W	Par	tial yes	
21A. A CCIDENT WAS UNDERLYING 21I OR CONTRIBUTING CAUSE OF C	B. PLACE OF INJURY (e.g., in or obout 21C. me, form, foctory, street, office bldg., INJU	URY OCCUR?	more City, give exact loca
U	E. INJURY OCCURRED 21F.	HOW DID INJURY OCCUR?	1 2
OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) 218	hile At Not While ork		
22. I certify that (I) (this hespital) attended	the deceased fram 7-31	1965 10	8/14
that (1) (we) last saw the deceased alive on	8/14 19 6	and that in (my) (port)	opinian death occurre
and hour and fram the causes stated above.	(1) (We) (did) (did not) view the body	y after death.	23B, DATE SIGNED
23A. SIGNATURE	M.D. Attending	Med. Stoff	8 /1 -1
23C. PHYSICIAN'S NAME (Type)	Phys. 23D. ADDRESS	Director Phys.	10/10/
NAME (Type)	M.D.		
24A. BURIAL CREMATION. 24B. DATE 24C.N	AME of CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county)
Bureal 8-18-65 X)	allemore to now	en North Est	Bello
			4
AUG 17 1965 P. D. B 8	OF REGISTRAR 25G FUN	ERAL DIRECTOR	ADDRE!

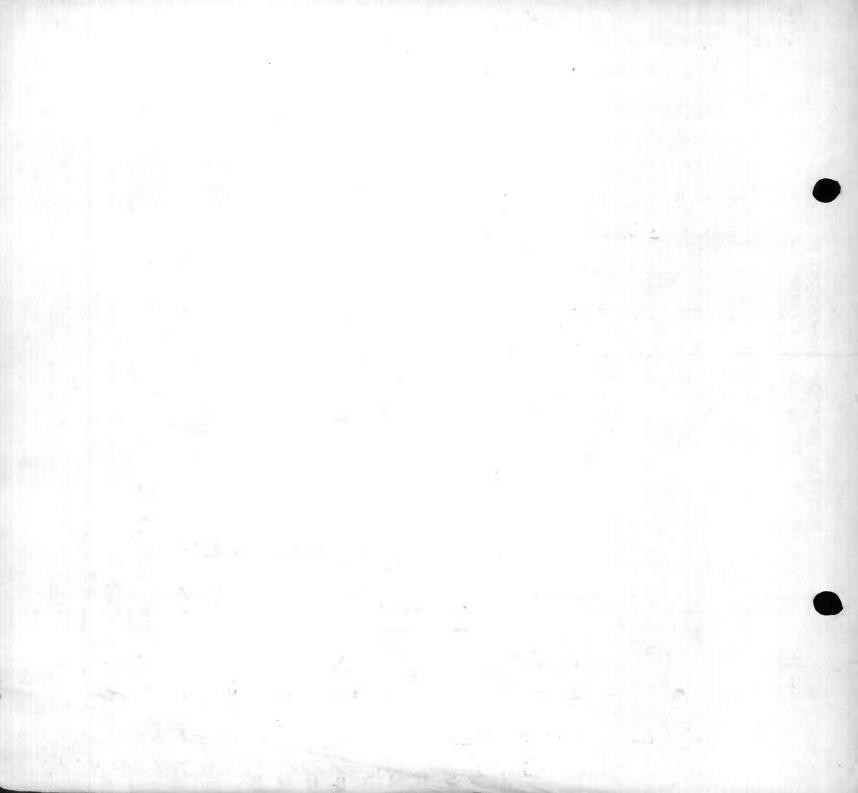


		CATE OF DEATH Registered No.	65 8506
M.	E. CASE NO.	CATE OF DEATH A Registered No.	. 00 0000
	NAME OF DECEASED	2. DATE AND HOUR OF DEAT	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	1 11:00
		1) .=	institution: residence before
H	JLL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write	A CIVAT
1	MARGLAND GEN. HOSPITAL		
	The section cross of equipment	D. STREET ADDRESS (If rurol, give location)	7
_	SEX 6. RACE 7 MARRIED PEVER MARRIED		
5. :	WIDOWED, DIVORCED (specif	b. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours
102	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	9-19-09 SST	112 CITIZEN OF
don	ne during most of working life, even if retired)	4	12. CITIZEN OF WHAT COUNTRY?
13/	FATHERS NAME	14. MOTHER'S MAIDEN NAME	USA.
-	1		
15.	FRUARD BERLETT Was Deceased Ever in U. S. Armed Forces? 116, SOCIAL	17. INFORMANT RAG	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
_	215-01-76	48 CATHERINE BER	
	DISEASE OR CONDITION DIRECTLY	SE OF DEATH	ONSET AND D
	LEADING TO DEATH	Car cuma & lun	26
	(This does not mean the mode of dying, e.g., DUE TO		7
	hearl failure, asthenia, etc. It meons the diseose, injury ar camplication which coused death.)		
	ANTECEDENT CAUSES (B) DUE TO		***************************************
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the UNDERLYING CONDITION lost.		
_	11		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
CAI	DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	120 A AUTOBOV2 (Ven on New 2008 of ven	SINDINGS COMPANY
ERTIFIC	WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WER	AUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	e.g., in or obout 2/C. WHERE DID	ore City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, streetc.)	et, office bldg., INJURY OCCUR?	
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	(APPROX.) While At Not Work At At	While Work	
		1	Lag- 15-11
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on		
		19 GJ and that in (my) (our) of	pinion deoth occurred ar
	and haur and from the couses stoted obove. (1) (We) (did) (did n	at) view the body ofter death.	238, DATE SIGNED
	All a see to a MD.	Allending Med. Sloff	238, DATE SIGNED
	23C. PHYSICIAN'S	Phys. Director Phys.	(leg 15)
	NAME (Type)		//
	1 Percent SABUNDAGE	M.D. MARYLAND GEN.	to spital
244	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)		City, town, or county)
24A	KEMIOVAE (Specify)		
	TD: 7	Baltimore,	
		25C, FUNERAL DIRECTOR	Maryland



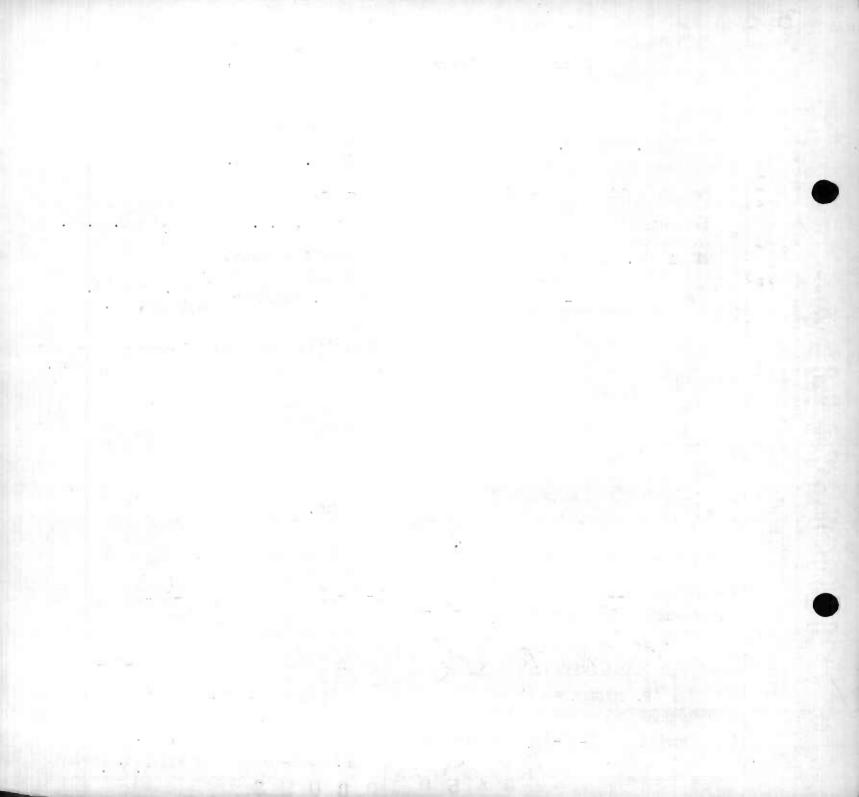






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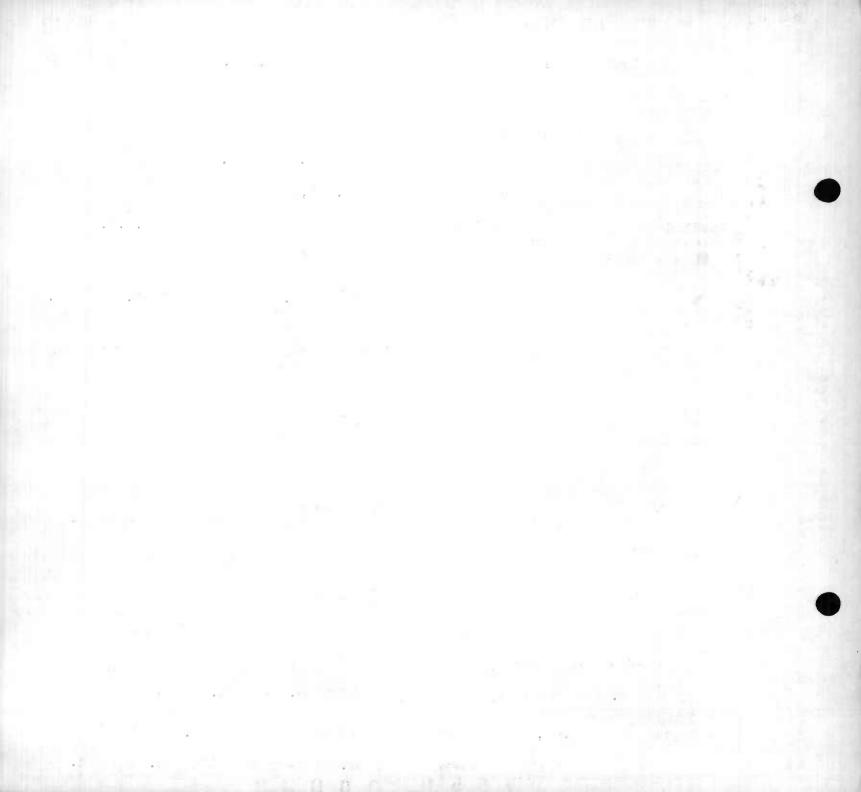
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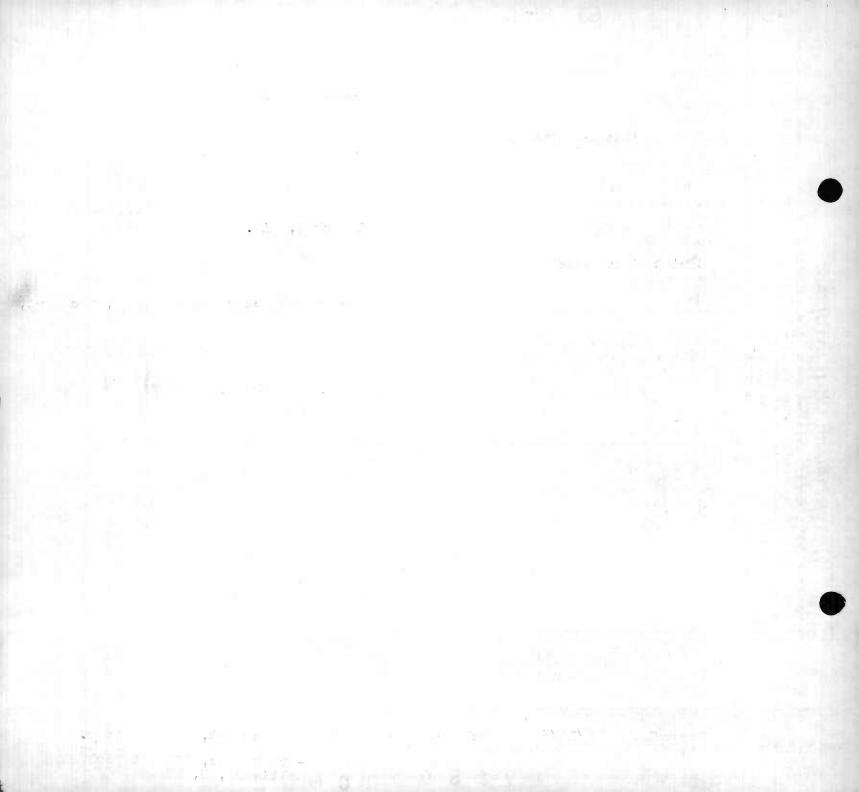
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

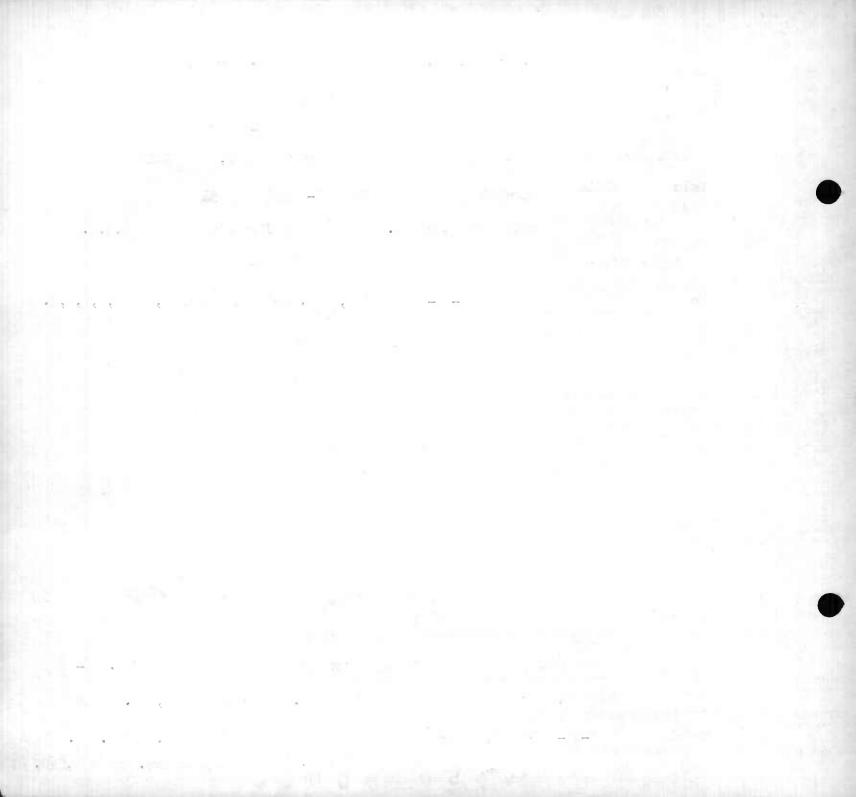


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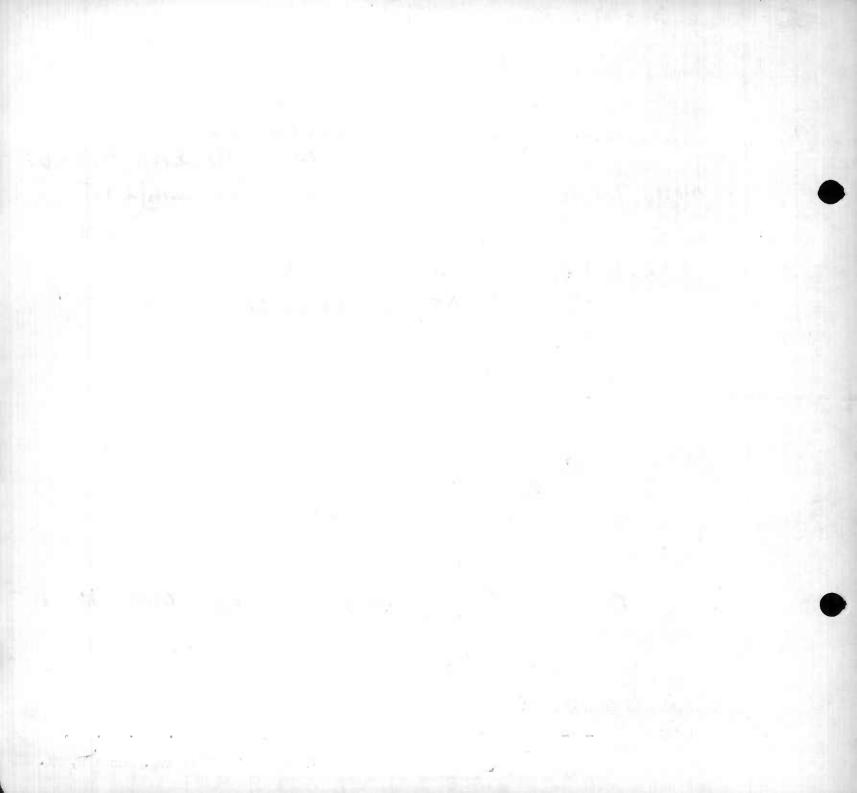
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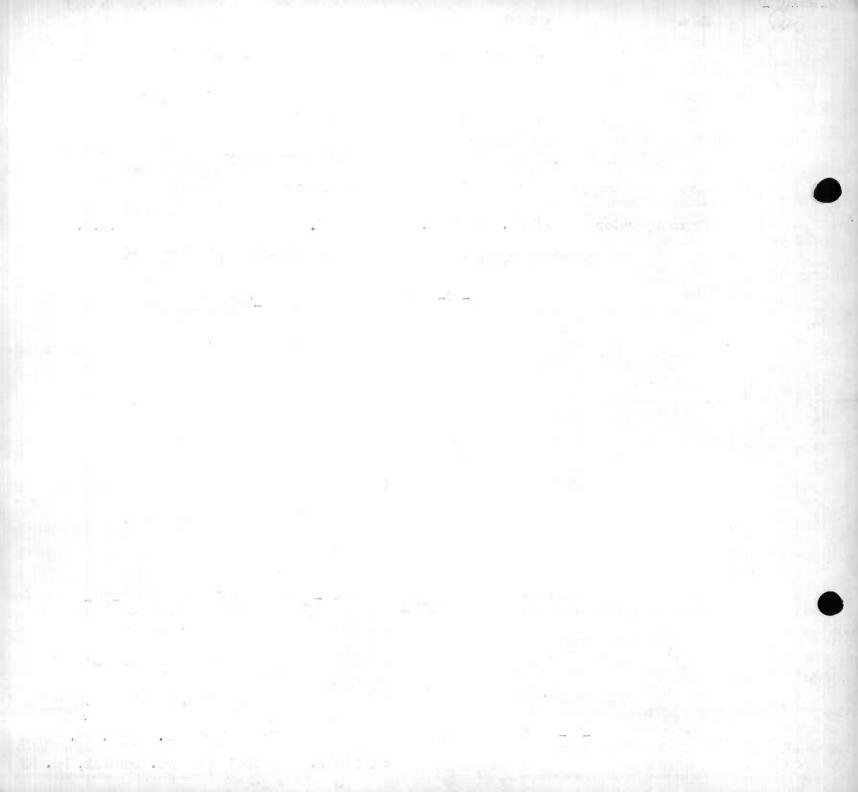


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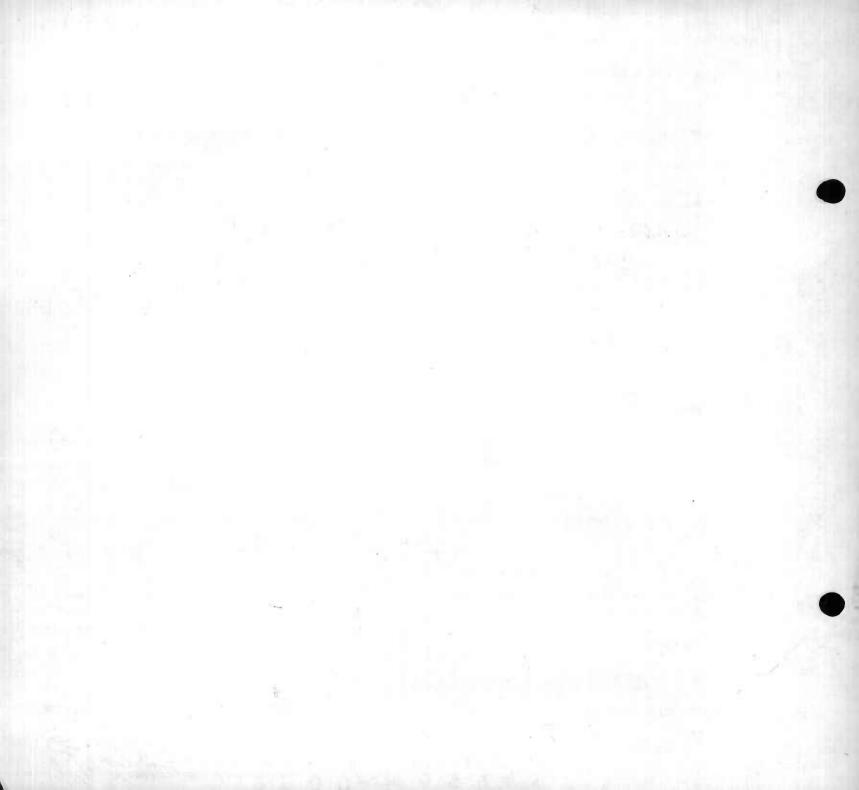


K-135		65-1424065 8518	BALTIMORE CITY HEALTH DEPARTMENT	
TER	818	III NO.	CERTIFICATE OF DEATH	Registered No.
and	5 1.1	E. CASE NO. NAME OF DECEASED	2. DATE AN	D, HOUR OF DEATH
of deat Obcease	(Ty	pe or Print) PERSEGHIN, Baby	BOV 8/16	165 8 1 am M.
of of	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whe	e deceased lived. If institution; residence before admission)
5 0	deat	FULL NAME OF (If not in hospital or institution, giv	e street MARYLA	MD 36 36
a ho cause se; (5)		HOSPITAL OR oddress or location)	C. CITY OR TOWN (If ou	tside city limits, write RURAL and give township)
	-00	Johns Hopkins Hospit	tal BALTIMO	
70	600	000000	LILLIC CT	rurol, give locotion) HEISHA AISENIE
but but lar	D 0 5.	SEX 6. RACE . 7. MARRIED, N	EVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
th occurre contribut etermined	ase m	male white WIDOWED,	DIVORCED (specify) 6/1/65	2 1/2 months 2 15
th co	0 5	A, USUAL OCCUPATION (Give kind of work 108, KIND OF B ne during most of working life, even if retired)		gn country) 12. CITIZEN OF WHAT COUNTRY?
9 - 2	- i d		- Baltimore	Md. USA
ct o	- W 12	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
F = 5.5	ispo	DAVID PERSEGH	IN DOLORES	BROWN
TAN istant he di kind;	- I/Y	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
Sist the kir de	fina	ino	NO toront	<u> </u>
IMPORTAN or his assistant Also, if the di s of any kind; ounced death	0 .	18. 433,01	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
MPC his c Iso, i of an	50	DISEASE OR CONDITION DIRECTLY	(A) Sudden Cardiai (B) Unknown Caus	to Constitution of the Con
A Als	me me	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) Sudden Cavallal	arrest 15
OR: I	bal	heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	, , , , , , , , , , , , , , , , , , , ,	
CTOR: caminer aminer. A fractu	2 E	ANTECEDENT CAUSES	(B) Unknown Caus	e(s)
CT BER	0 0	DISEASES OR CONDITIONS, if ony, giving	DUE TO	
RE(3)	c 0	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)	
_ 0 0	ain			
RAL D medical medical burns;	NE N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7	11.1. 11.41
RA med heed buy	rem ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	· Chrome wternuttent o	boti patron, glammal dis leute
FUNER e chief r by a m 2) Body l e the p	hysici ore the	19A. DATE OF OPERATION 19B. CONDITION FOR WE	HICH OPERATION 20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5 5 5 6	hy re	21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INITIRY (e.g., in or obout 21 C. WHERE DID	(If in Boltimore City, give exact location)
- ==0 :		OR CONTRIBUTING CAUSE OF CEC., home, etc.,	form, foctory, street, office bldg., INJURY OCCUR?	
ved by hospite nature; ept wh	70 0	21D. TIME (Month) (Day) (Year) (Hour 21E. II	NJURY OCCURRED 21F. HOW DID INJ	URY OCCUR?
oved b hos	9 in 8	(APPROX.) White	At Not While At Work	
y y	bte	22. I certify that (1)(this hospital) attended the	deceased from July	1965 to august 16 1965.
dpp to t	h);	that (1) (we) last saw the deceased alive on	9 11 15 1	at in (my) (our) opinion death occurred on the date
0 0 0	t to	and hour and from the causes stated above.	(We) (did) (did not) view the body after deoth.	
nust be a leased to ident of hospital	death) must b	23A. SIGNAFURE	House	Staff Physic 23B. DATE SIGNED
5 - 0	0 0	John N. Johnson	M.D. Attending Med. Director	Stoff Phys. 8/16/65
S ret	ovo	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS Johns	Hopkins Hospital
was An An	prior	JOHN D. JOHN	(SO N M.D. Depar	tment of Pediatrics
ertificat ody was s: (1) An	0 0 2	A. BURIAL CREMATION, 248. DATE 24C. NAN REMOVAL (Specify)	AE of CEMETERY OF CREMATORY 24D. L	OCATION (City, lown, or county) (Stole)
0.0	Her	Burial 8-17-1965 Gard		os Mill Rd. Bal. Co. Md.
his he hov	0 1 25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR 25C. FUNERAL DIRECTOR	7922 Wise Ave. Dundalk. Md. 22

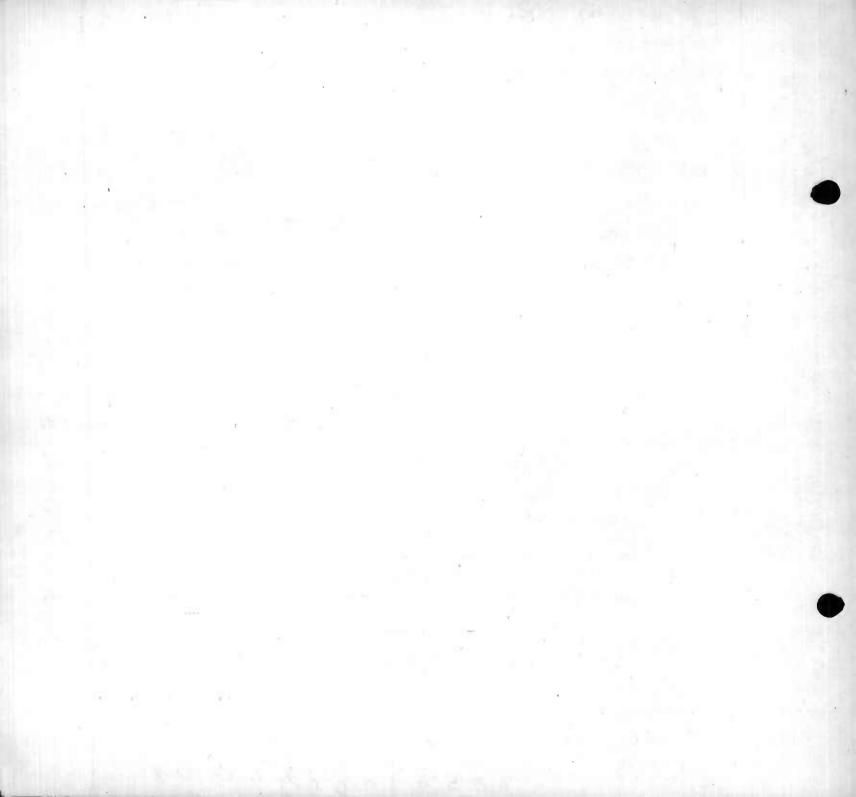




	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	65 8520
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE AN	D HOUR OF DEATH	33.03
(Type or Print) RuTH SA	11TH	ang	ut 13, 19	65 8:25 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	e deceased lived. Il i	institution: residence before admission)
FULL NAME OF (If not in hospital or insti	tution, give street	maryland		5 0 3
HOSPITAL OR oddress or location) INSTITUTION		a 7 a resum "		RURAL ond give township?
Sutheran Hayetal	of mainland	D. STREET ADDRESS (III	rurol, give location)	
Suchember 14 mg		1715 Ruston	200	
w WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	. 1 1.	9. AGE (In yeors lost birthdoy)	Months Doys Hours Min.
	ranned	8/11/65 1900	65	
6A. USUAL OCCUPATION (Give kind of work 108, KI one ducing most of working life, even if retired)	wt. Bldg.	Traviline	on country.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	0/	14. MOTHER'S MAIDEN NAM	ME) P	1
Charles W	Huyden	Sarah W.	Johnson	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (III yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Hanit &	ADDRESS
		Mr Duren	Thurs	1715 Korton are
18.953X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	11	,	Parale	ONSET AND DEATH
(This does not mean the mode of dying,	e.q., DUE TO	of glycenie	yer concerna	000000000000000000000000000000000000000
hearl failure, asthenia, etc. It means the di injury ar camplication which caused death.	sense	· · ·		
ANTECEDENT CAUSES	(B) traba	le Inealin On	endrage	
DISEASES OR CONDITIONS, if any,	DUE TO		•	
rise la lhe abave cause (A) slatin UNDERLYING CONDITION last.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
UNDERETING CONDITION IGSI.				
OTHER SIGNIFICANT CONDITIONS CONTRI				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimo	re City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While At Work	e 🗌		
22. I certify that (I) (this hospital) atte	nded the deceased from	5/9	965 to 8	//3 1965.
that (I) (we) last saw the deceased aliv			ot in(my) (our) op	Inlan death accurred on the date
and hour and from the causes stated ab	ove. (1) (We) (did) (dld nat) v	lew the bady after death.		238, DATE SIGNED
0. 0. 9			Stoff	6/17/15
23 C. PHYSICIAN'S	Phy	s. Director 23 D. ADDRESS	Phy s.	0/13/63
NAME (Type)	, M.D.			
24A. BURIAL CREMATION, 24B. DATE	***	EMATORY / 24D. LO	OCATION (C	City, frown, or county) (Stote)
REMOVAL (Specify)	-ont linkur	Lounites M	uthat!	Suttinua) Mall
Sweak May 1,1965 25A, DATE REC'D BY HEALTH DENT. 25B, N	AME OF REGISTRAR	256. FUNERAL DIRECTOR	myon (18	ADDRESS:
AUG 1 7 1965 0 0 6 8	Far DeuMA	Joseph & Ku	00 1222	M. Wank fire,
VS 150-REV. 1/1/65	9 7 9 1	0000	1anl	litter mil.



/ 1	65 8521		HEALTH DEPARTMENT		E 050.
BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		CERTIFICA	TE OF DEATH	Registered No.	3521
M.E. CASE NO. 1, NAME OF DECEASED			2, DATE AN	D HOUR OF DEATH	7.0
(Type or Print)	ke Allen	1.1	8/	15/65	1431
3. PLACE OF DEATH IN BA	1	ω,	14. USUAL RESIDENCE (When		stitution: residence before admiss
			A. STATE B. COUN		1
FULL NAME OF (If	not in hospital or institution, give	o stroot			100
INSTITUTION	ress or location)		C. CITY OR TOWN (If out	sido city limits, write I	RURAL ond give township)
0-11.71	11	11	Baltimon	0 MAG	64951 118
SIMIVON	ms Hopkins	HOJPITAL	D. STREET ADDRESS (If	rurol, give location)	\
	`	'	1801 B	ORKER !	87.
5. SEX 6. RACE	7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
male Ne		DIVORCED (specify)		lost birthdoy	Months Doys Hours Mi
	ORO MARRIOS KIND OF B		- 3. 3 1 37	on country)	12. CITIZEN OF
done during most of working life.			1 -0 .1	2	WHAT COUNTRY?
Ketires	,		Harth C	aralina	
13. FATHER'S NAME	2 1	1	14. MOTHER'S MAIDEN NAM	AE /	
H. J.	1 in lead	fo.	Land,	19.100 -	
16 Was Dans of the	Simsured	6 SOCIAL	17. INFORMANT	, willen	ADDRESS
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, gi	ve wor or dotos of service)	6. SOCIAL SECURITY NO.	(1) INFORMANT	, 11	ADDRESS
		7.20-17.80.51	Lelie Jink	unlake. 1	806 Bakers
18. 1 7 7 1	1	CAUSE O	F DEATH	1	INTERVAL BETWEEN
DISEASE OR CO	NDITION DIRECTLY				ONSET AND DEATH
	TO DEATH	(A) URE	MTA		3 weeks
	the mode of dying, e.g.,	DUE TO	b & ab. (1).		
heoil failule, asthenia,	elc. Il meons the diseose,		12112-17-1		
		(B) Chr	onic renal disea	se and Obst	ructive over 1
ANIECED	ENT CAUSES	DUE TOPO	nathy.		idibali i analisi i analisi ana ana i ana ana ana ana ana ana ana
	OITIONS, if ony, giving cause (A) stoling the	(c) Care	inoma of prostat	e wrethral	Over 1 terr
UNDERLYING CONDI			cture	oc, ar com as	
	11	2017	CONTE		
Z OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING				
	IT NOT RELATED TO THE	Congestive	heart failure		
19A. DATE OF OPERATIO	N 198 CONDITION FOR WH		20 A. AUTOPSY? (Yos of No	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
None	WAS PERFORMED		Yes	NO CERTIFYING CA	USES OF DEATH?
	INDERLYING 218, PI	LACE OF INJURY (e.g., i			City, give exect lecetion)
OR CONTRIBUTING DEATH (notify modical e	AUSE OF home,	form, foctory, street, o	n or obout 21C. WHERE DID		
U OF INJURY		NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) NO	one While Work	At Work	° 🗌		
22 1			8-5-65	19 65 to 8-1	5 19.65
	this hospital) attended the	8-15	6E		
that (1) (we) last saw	the deceased alive an		19 <u>65</u> and th	at in (my) (vor) opi	nian death accurred an the
and have and from the	causes stated abave. (1)	(We) (did) (did-noi) v	riew the bady after death.		
23A. SIGNATURE	120	,			23B. DATE SIGNED
Jan	12. Alus	M.D. Atte	ending Med.	Stoff Phys.	8-15-65
23C. PHYSICHAN'S	//	rny	23D. ADDRESS	· 117 36 🗀	
BLAARE (T)	Jay B. Jensen		1504 McElderry	St Paltin	ore Md
	- ed - n + o erro err	M.D.	TOO HOBILETTY	Do., Darch	ore, na.
24A. BURIAL CREMATION.	24B. DATE 24C. NAN	AE of CEMETERY OF CR	EMATORY 24D. L	CATION (C	ty, lown, or county) ISto
REMOVAL (Specify)	2/19/10/	and ma	last t	A 11000.	mil
25A, DATE REC'D BY HEAL	TH DEPT. 25B. NAME OF	DEGISTRAD	250. FUNERAL DIRECTOR	and a	ADDRESS
	Robert E. Faile	M.B	A STATE OF THE CITY	1.00 M	1. AN 110 0 Way
AUG 17 1965	Obleet E. John	WE DA	willinger	VSIT MILL	4-110111MB
VS 150-REV. 1/1/65					

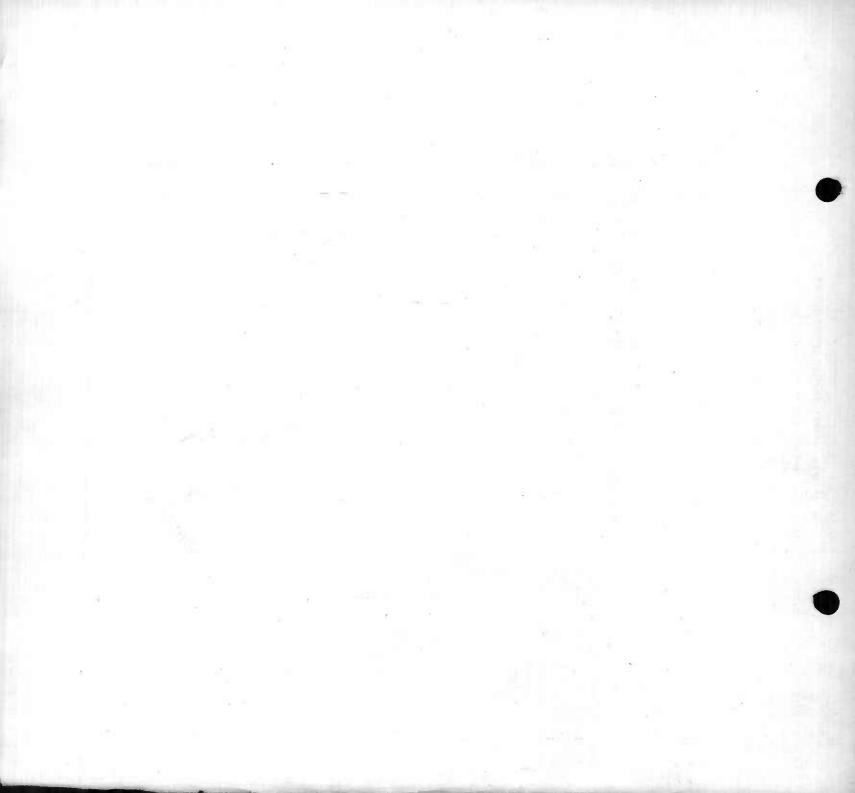


248. NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

FUNERAL DIRECTOR

Companied Take wall the manufactory of the

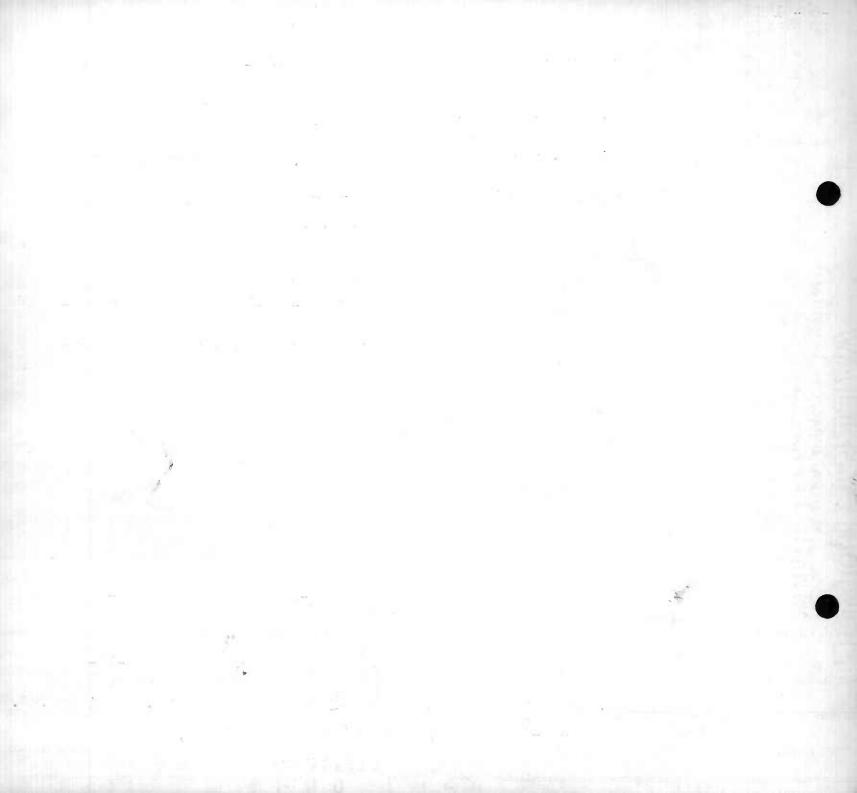


- In North was a fire

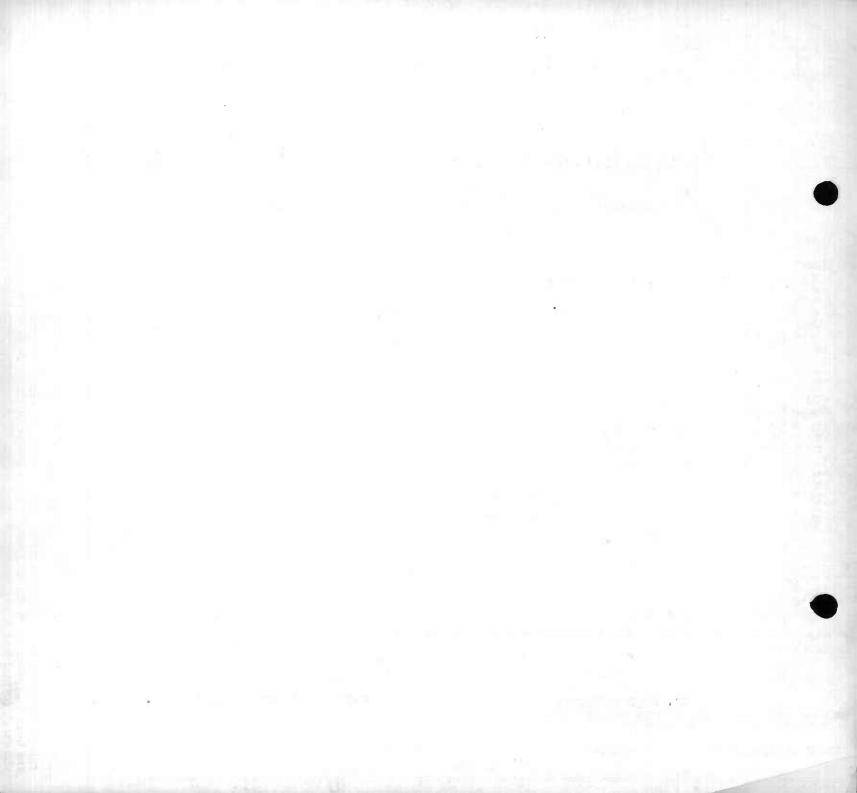
THAT SHAM

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3-64-01 IB	BALTIMORE CITY HEALTH DEPARTMENT 65 8525 CERTIFICATE OF DEATH Registered NG5	0505
of deason Decease on the sath. Sur	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Mattie Williams 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decoosed lived. If institution B. COUNTY	2:45 A
d in a ing cause; attendarior to	FULL NAME OF HOSPITAL OR Oddress or locotion oddress or locotion Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland #21224 Baltimore	
ath occur or contril determine in regul deceased	Female Negro 7. Married, Never Married Widowed, Divorced (specify) Widowed 11-14-04 9. Age (In yeors lost birthdoy) Month	nder 1 Yr. If Under 24 H
if d rect (4) U was the ispos	13. FATHER'S NAME John Johnson Ida Johnson	
RTANT ssistant the dir thind; (death ince on final dis	15. Wos Deceosed Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT RECORDS—BCH—4940 Eastern	Address Avenue-2122
CTOR: IMPO Kaminer or his a aminer. Also, if A fracture of any who pronounced regular attenda	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	interval between onset and death months
FUNERAL DIRE te chief medical ex by a medical ex 2) Body burns; (3) e the physician v physician was in ore the remains a	rise to the abave cause (A) stating the (C) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 17. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDIN WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF NO. 20B. 20B. 20B. 20B. 20B. 20B. 20B. 20B	GS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING	
トナットラウ	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Work At Work	
must be approreleased to the accident of any a hospital (excret to death); any val must be obtained.	1/1 9 4	8-12 1965 eath accurred an the d pate signed 8-12-65
dy was (1) An O.A. at ed prio	23C. PHYSICIAN'S H212 Dr. Stephen Gregg M.D. BCH-4940 Eastern Avenue, 1 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fow REMOVAL (Specify) Aug-16-65 Mount Auburn Cemetery Baltimore, Mary	Baltimore, Mon, or county) (Stote)
she de de v	25A. DATE REC'D BY HEALTH DEPT. AUG 17 1965 P. L. S. Roman OF REGISTRAR VS 150-REV. 1/1/65 25B. NAME OF REGISTRAR The Morton and Dyett	ADDRESS

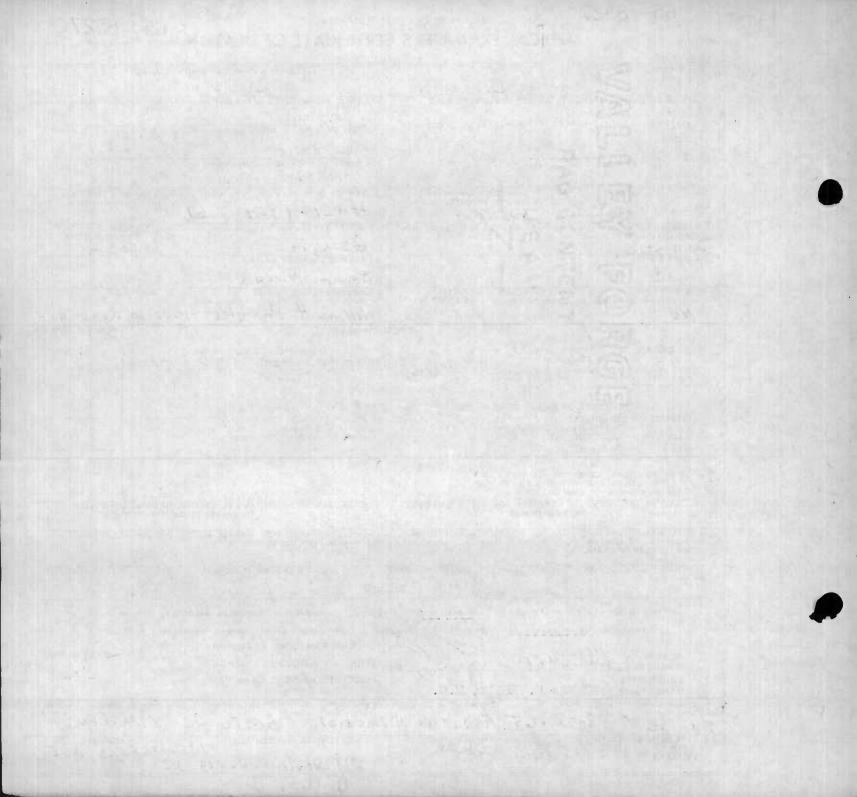


VS 150-REV. 1/1/65



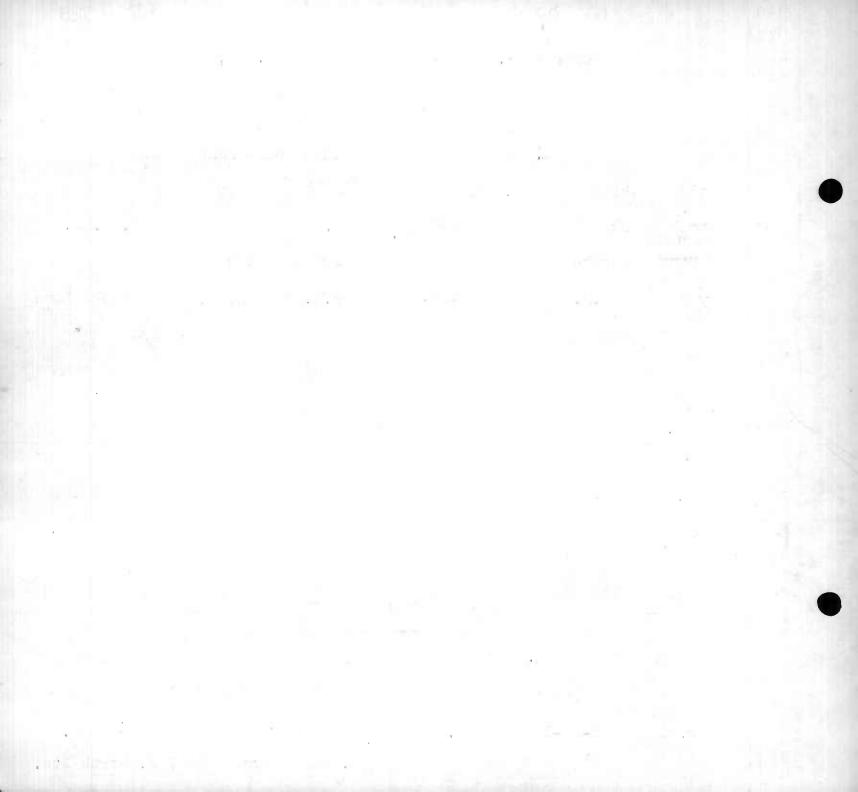
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8527

DIKIH NO.	MILD	ICAL LA	AMINALK 3 C	LKTITICA	ALE OF	DEA I II Regis	rered No	
M.E. CASE								
(Type or Print	F DECEASED				2. DATE AN	D HOUR PRONOUN	CED DEAD	
	MAM		PARMLEE		8-	16-65		6:30 P M.
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RES	IDENCE (Where	deceased lived. If in	stitution: reside	ence before odmission)
FULL NAME	OF UF NOT IN HOSPIT	AL OR INSTITU	ITION CIVE STREET	Mary	Land			
HOSPITAL O	R ADDRESS OR LOCA	MOIT	SHOW, GIVE STREET	C. CITY OR TO	OWN (If outsid	e corporate limits, w	rite RURAL on	d give township)
IN SITTOTION				Balt	imore	1	63 1	3611
	LUTHERAN HOSPIT	AL - DO	A		DRESS (If ruiol,	give location)		1
				1006	McKean	Avenue		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BI		9. AGE (In year	s I If Under	1 Yr. If Under 24 His.
Fema]	WIDO WED, DIVORCED (specify)		4-7	1-190	lost hithday		Doys Hours Min.	
	OCCUPATION (Give kind of work	MARRI						
done during me	ost of working life, even if retired)	TOB. KIND OF	BOSINESS OF INDOSIKE	^	1	in country)	12- CITIZEI WHAT	N OF COUNTRY?
DOME	stic			GEOR			U.	5.A.
13. FATHER'S	NAME			14. MOTHER'S	MAIDEN NAM	E		
				EMMA	Amoy	R		
15. WAS DEC	nown) (If yes, give wor or dote	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMAN	T		ADDRESS	
No	mowning yes, give wor or note	s of service	SECORITI NO.	William	H. Pan	mles -10	06 mc/	KEAN AVE
18.	121 X.		CAUSE	OF DEATH			1	INTERVAL BETWEEN
0	ISEASE OR CONDITION DI	DECTIV						ONSET AND DEATH
	LEADING TO DEATH	KECILI	Carc	inoma of	stomach	with metas	stacie	
(This d	toes not mean the mode of oilure, asthenia, etc. It means	dying, e.g.,	DUE TO				J.Cabib	*****************************
injury	or complication which coused	deoth.)						
	ANTECENDENT CAUSE	\$						
DISEA	SES OR CONDITIONS, IF A	NY. GIVING	(B)DUE TO		***************************************			**************
RISE TO	O THE ABOVE CAUSE (A) ST RLYING CONDITION LAST.	TATING THE	DOE 10					
	RETING CONDITION LAST.		(C)					
OERT OTHER TO	ll							
OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTION	NG .					
DISEA	HE DEATH BUT NOT REL		HE			BB=B1 B1 B=B0000==+ 00000+= =00000+		
19A. DAT	E OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOP	SY? (Yes or No)	20B. IF YES, WERE	FINDINGS CO	DNSIDERED
0	WAS PERI	FORMED		No		IN CERTIFYING CA		
₹ 21A. EXT	ERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	n or obout 21 C.	WHERE DID	Of in Boltimore City,	give exoct loc	cotion)
UTING D	ING OR CONTRIB-	home,	, form, foctory, street, o	ffice bldg., INJU	RY OCCUR?			
7	E /// 113 // 123 // 123							
OF INJU	RY) (Houi) 2	TE. INJURY OCCURRED		HOW DID WOH	JRY OCCUR?		
(APPROX.))	m. W	VHILE AT NOT Y	WHILE				
22.	certify that I held on I				1.0		TI DE LO	
		(PERF)				s basis, deoth in	my opinian	
r	esulted from: Notural car	ses A A	ccident Suicide			Indotermined mon	ner	
	1,11,		d-1	CHIEF	MEDICAL EX	AMINER		DATE CICNED
	NATURE Werne	711-	300 (100	ASSISTANT	MEDICAL EX	AMINER X		DATE SIGNED
	AMINER'S		1		MEDICAL EX			8-17-65
	ME (Type) WERNER	U. SPIT	Z, M.D.	ASSOCIATE	MEDICAL LI			
	CREMATION, 23B. DATE	230	C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (Cit	ty, town, or co	ounty) (Stote)
REMOVAL (S	· Y = 7 / 2	65 A	Rhytus ME	moRIAL	BA	Ito. Co.	MAKS	iland.
BURIA 24A. DATE R	EC'D BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR			
AUG	1 1000 0 6	A & 50	Wey Pla			1735	HARFO	KD AVE.
700	10 1000 APPER	7 -1		MARS	HAII W.	JONES, J.	R.	7,00
VS 151-REV.	1/1/65		Z E (1)	0 0 1	0 1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



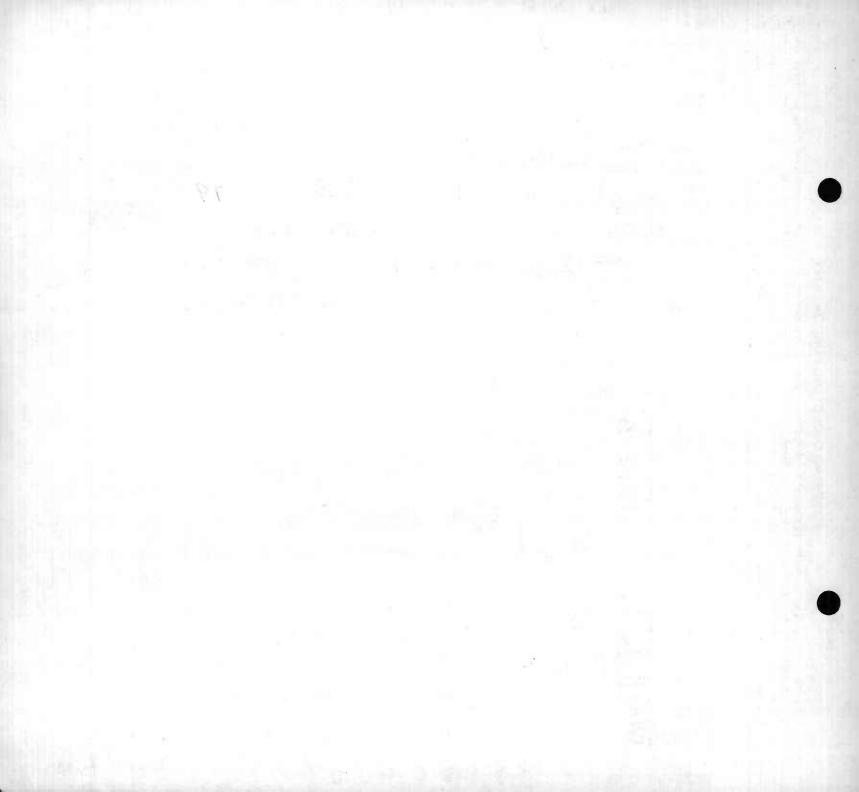
VS 150-REV, 1/1/65

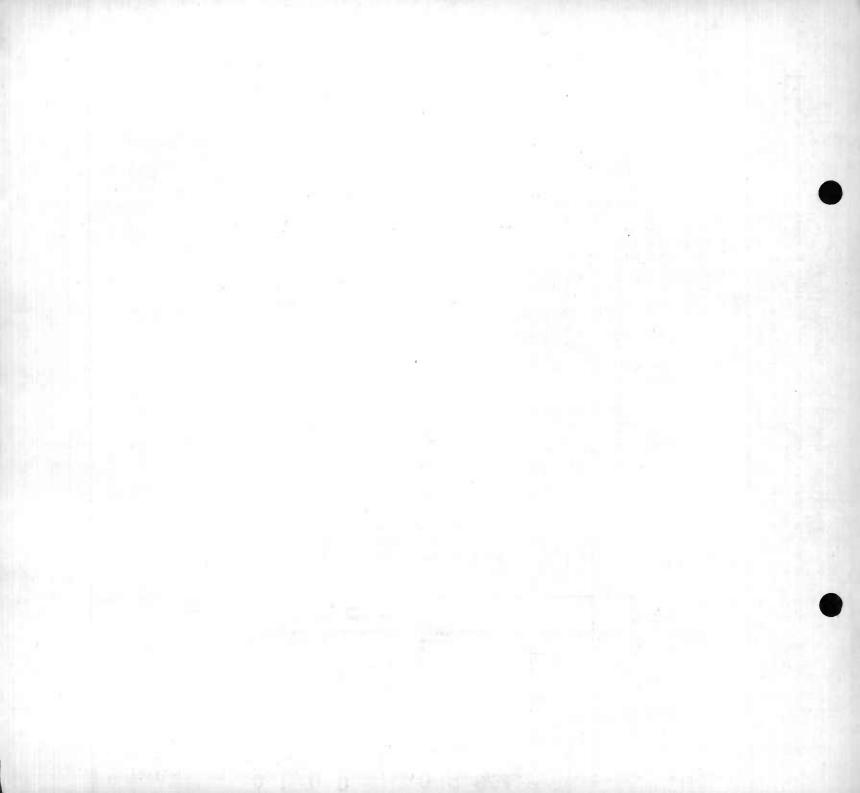
	DECEASED Charle	es H. Rowzee	Au	g. 15, 1965	9
FULL NA HOSPITAL	OR oddress or location	or institution, give street n)	Marylan	(If outside city limits, write	8-04
6	Lutheran Ho	ospital	Baltimo D. STREET ADDRESS 1104 Co	re (If rurol, give locotion) oks Lane	September
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 7/17/18	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys
Stock	clerk	Parts Wholesale Inc.	M _d .		U. S.
	ry Czernac		14. MOTHER'S MAIDEN Trene R		ADDRE
	known) (If yes, give wer or dete			va Rowzee l	-11.5
(This d	ISEASE OR CONDITION DIS LEADING TO DEATH aes nat mean the mode of illure, asthenia, etc. It means	dying, e.g., DUE TO	wary Och	isisy mysea	idiol interva
vise to UNDER	ANTECEDENT CAUSES SES OR CONDITIONS, if the above cause (A) SELYING CONDITION I ass. SIGNIFICANT CONDITIONS CAUSE OR CONDITION CAUSING IS OR CONDITI	any, giving slating the (C)	0		
DISEAS	TE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERI	E FINDINGS CONSIDERAL PROPERTY OF DEATH?
DISEA!	WAS PER	FORMED			
19A. DA	WAS PER CCIDENT WAS UNDERLYING THE UTING CAUSE OF (notify medicol exominer)		in or obout 21 C. WHERE D	ID (If in Boltime	ore City, give exoct
19A. DA	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	21F. HOW DIT	O INJURY OCCUR?	ore City, give exoct I
22. 1 c that (1) and he 23A. SIG	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examiner) AE (Month) (Doy) (Year) JRY X.) Pertify that (1) (this hospital (we) last saw the decease	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whom At Work 4) attended the deceased from 8-11 ted above. (I) (We) (did) (did oc) M.D. A	view the body after de thending Med. 23D. ADDRESS 40 Rawclo	1964 to	8-15



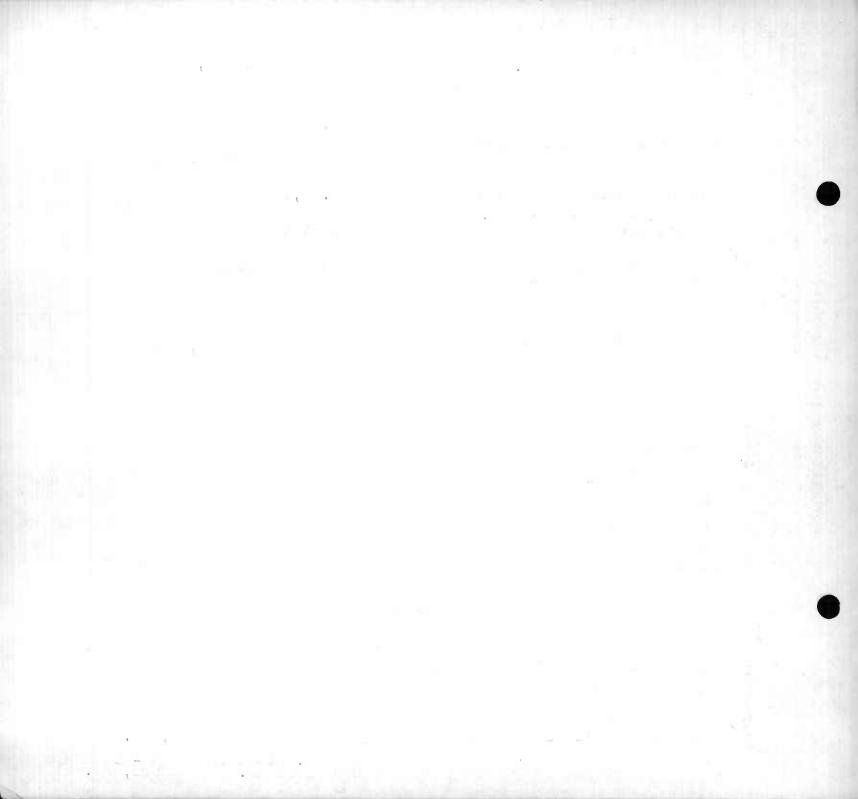
	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 65 8530
	MIRTH NO. 402-10822 CERTIFICATE OF DEATH Registered No. 100-10822 CERTIFICATE OF DEATH
1	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	RODNEY DIE FOULA
٥	A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (If not in hospital or institution, give street address or location) (C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	INSTITUTION address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BANTMORE 1069 W. Rombard
	BON SECOURS HOSPITAL D. STREET ADDRESS (If rural, give location)
l	134T CHUERTON ROAD
5	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 2 Months; Days Hours A
	MALE WHITE SINGLE AUGUST MUNT
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) BALTIMORE, MARYLAND USA
1	13. FATHER'S NAME
1	HEED LEONARD PAUZA CLAST DORIS WILLEY
1	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
	Nother 1345 CHICKTON RD. BAN
	18. 761.37 CAUSE OF DEATH INTERVAL BETWEEN
0	This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g., DUE TO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Quoya due to placeutal seguration I hr.
	LEADING TO DEATH (A) CHOWA due to placemal separation / Mr.
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,
	injury or complication which caused deoth.) ANYSCEDENT CAUSES (B) Prematurity
ŀ	ANTECEDENT CAUSES (B) NUMALUMY
ı	DISEASES OR CONDITIONS, if ony, giving
ľ	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Ves.) or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OF CONTRIBUTION CALLES OF CONTRIBUTION CONTRIBUTION CALLES OF CALLES OF CONTRIBUTION CALLES OF CONTRIBUTION CALLES OF CALLES
	DEATH (notify medical examiner) etc.)
	21D. TIME (Month) (Doy) (Yeo) (Hou) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	While At Work
	22. I certify that (H) (this hospital) ottended the deceased from august 15 19 00 ta august 15 19 6
	that (4) (we) lost saw the deceased clive on august 15 19 65 and that in (my) (aur) apinion death accurred on the
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE
	M.D. Attending Med. Stoff
	Phys. Director Phys. V 23C. PHYSICIAN'S 23D. ADDRESS
	NAME Lype A
-	V.T. MATSOGY, M.D. BON SECURS HOSPITAL
2	24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY & CREMATORY 24D. LOCATION (City, town, or county) (S
	BURIAL SI'ILOS PI PETUS COM DOLLO ING
4.30	The second secon
	AUG 18 1965 P. G. & F. H. G. MANE OF REGISTRAR AUG 18 1965 P. C. & F. F. G. MANE OF REGISTRAR I NOMES / Corney Mc / Sel.

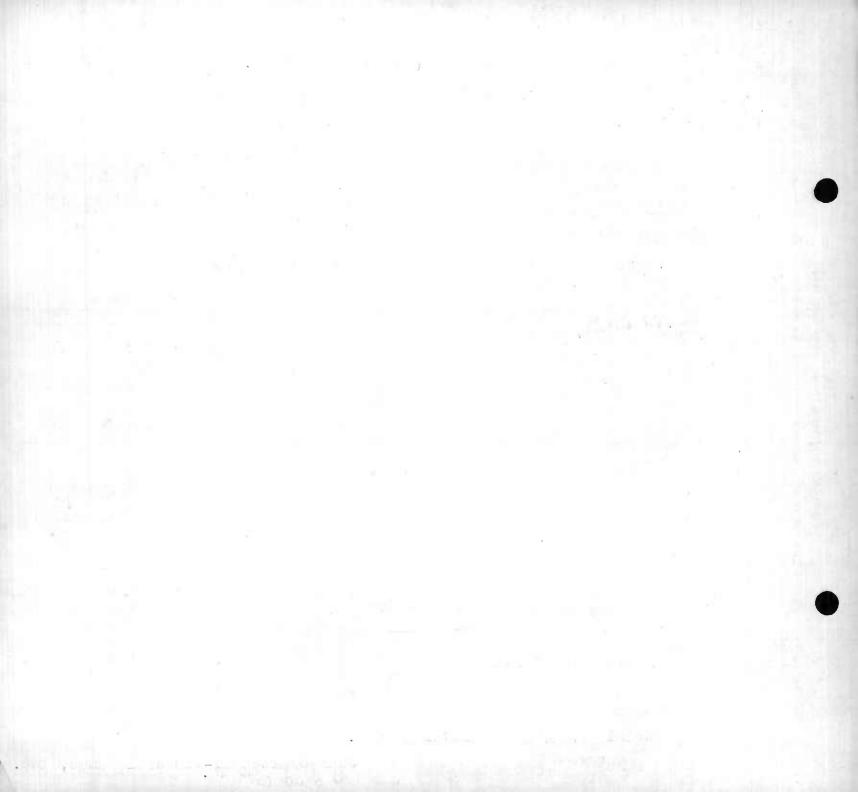
1009 w. Bon Alt _ 18-01



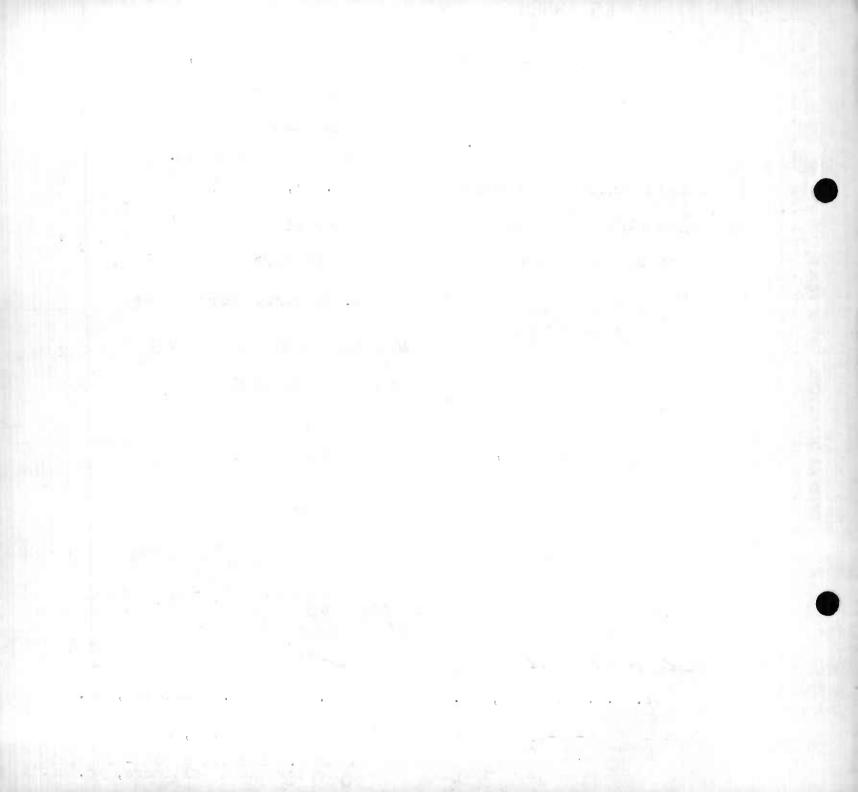


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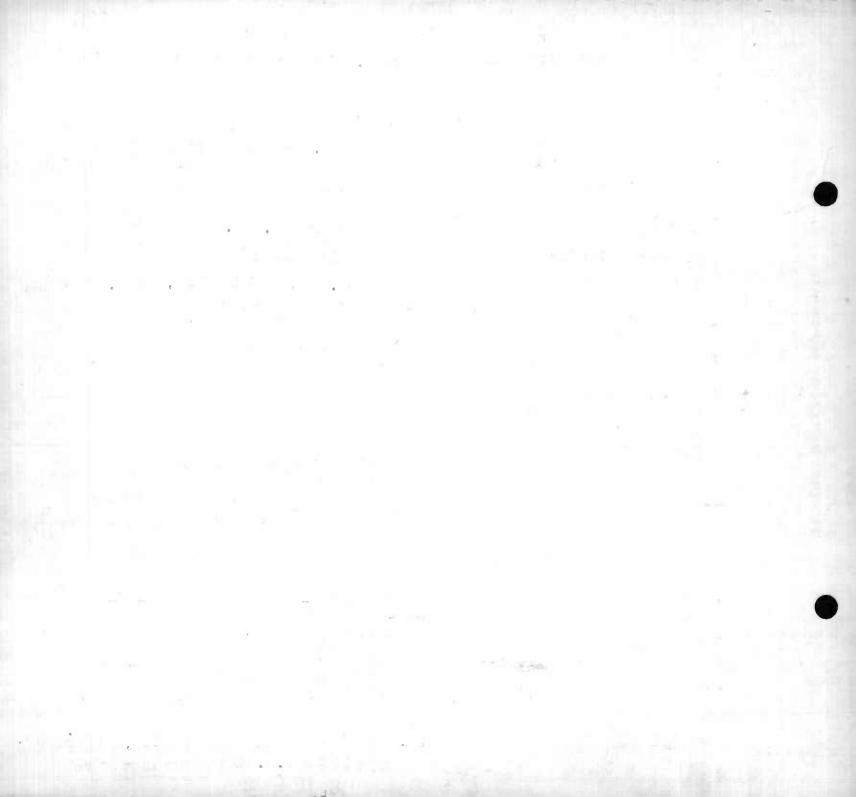


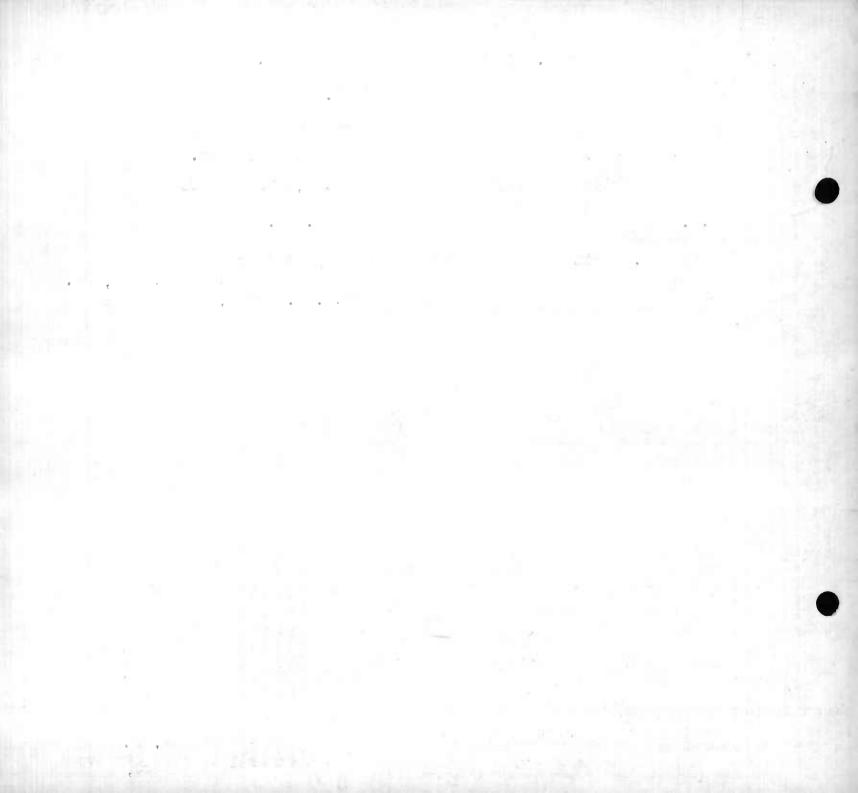


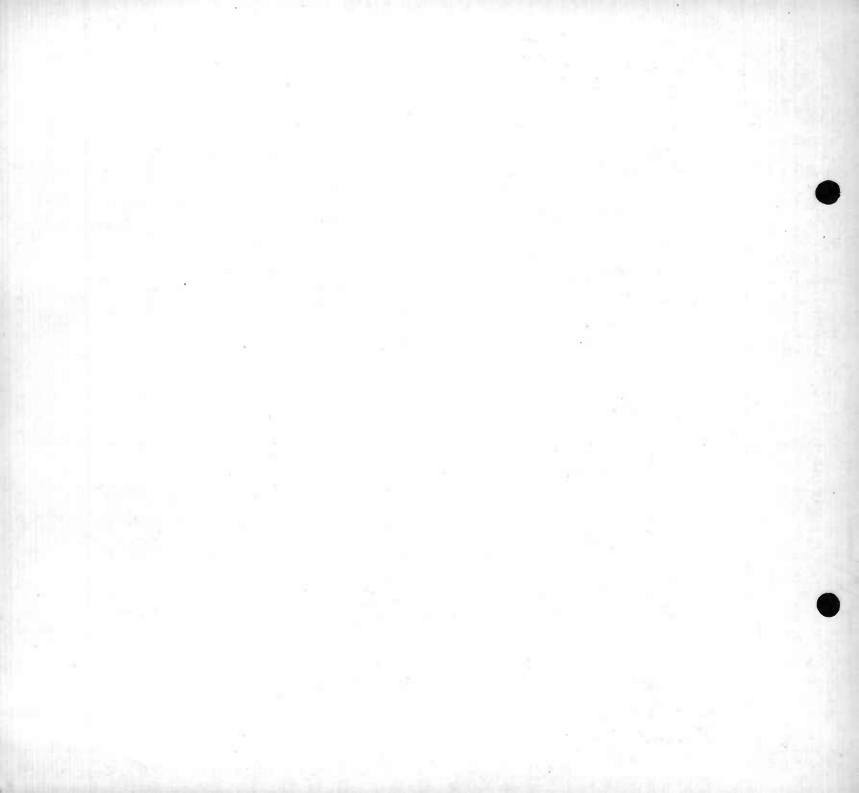
VS 150-REV. 1/1/65



SAB-38=21-32 Registered No.55 BIRTH NO. CERTIFICATE OF DEATH contributing cause of death cause; (5) Deceased M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH xBobendexidokkidokkRobert (Type or Print) L. Whiteford 8-15-1965 uo a hospital 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ance (II not in hospital or institution, give street oddress or location) Marvland FULL NAME OF C. CITY OR TOWN (If outside city limits, write RURAL and give fewnship) INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue 239 N. Monastery Ave "Hospitals Baltimore, Maryland (4) Undetermined Avenue, Baltimore regular 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. eceased MAID WED PIVORCED (specily) lost birthday) 2-3-1888 Male White 10A, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or lorgian country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) = USA Retired Harford Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen Whiteford Annie Street IMPORTANT death no MARSIMANAZel Whiteford, 239 15. Was Doceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. Records: BCH-4940 Eastern Avenue 5684 any CAUSE OF DEATH pronounced INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH Bronchopneumonia (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DIRECTOR: ar injury ar camplication which caused death. E gu (B) ____ ANTECEDENT CAUSES who re DISEASES OR CONDITIONS, if any, giving <u>e</u> to the above cause (A) stating the UNDERLYING CONDITION last. MOS FUNERAL Parkinsonism, myocardial OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Infantion, of DISEASE OR CONDITION CAUSING IT. 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yos or No) WAS PERFORMED Yes Yes 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect location) where to the hospital °Z MEDICAL DEATH (notify modical examiner) by 21 D. TIME (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While [(APPROX.) Work At Work and 8-7-22. I certify that (I) (this hospital) attended the deceased from .19 _6.2 to ... 8-15-An accident of hospital death) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGN ATURE 23B. DATE SIGNED Attending Med. Stoff M.D. 8-15-1965 Phys. X 0 Marvin Lee Weil pproval o 23D. ADDRESS 23 C. PHYSICIAN'S prior to NAME (Type) 4940 Eastern Avenue, Baltimore, Maryland arvin A.O 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) deceased REMOVAL (Specify) å /18/65 DEPT. 25B. Centre M. E. Church Cemetery Forest MOS witzke F.D. 4101 Edmondson # E. FarberMit VS 150-REV. 1/1/65







BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. . NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 8-15-65 10:45 P. M. TRENE WHITE
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Mary land
CITY OR TOWN (If outside corporate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rural, give location) ST. AGNES HOSPITAL DOA 2552 Salerno Place 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min. WIDOWED, DIVORCED (specify) Sept. 14 Female Colored 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Kearms Annia Hall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL (Yes, no ar unknown), (If yes, give war ar dates of service) SECURITY NO. Elnora Lee 1544 Argle Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Hypertensive cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease-injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Obesity DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacation) home, form, foctory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Day) OF INJURY WHILE AT NOT WHILE I certify that I held on Inquiry Inspection X Autopsy and that an this bosis, death in my opinion Homicide resulted from: Notural couses X Accident Sulcide Undetermined monner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 8-16-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) RUSSELLL S. FISHER, M.D. 23A. BURIAL CREMATION. 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Carver Mem. Pk. Laurel, Md. 248 NAME OF REGISTRAR ADDRESS

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV, 1/1/65

24C. FUNERAL DIRECTOR

John Rearms

Sept. 11,1910

.A.8.U

Lial alona

Sinora Lee 15th Argle Ave

Surial

8/20/65 Carver Mam. Pk.

Laurel, Md.

	OF DEATH IN BALTIMORE, M.	h Neal			8-15-196	5 6:45
FULL HOSPI		l or institution, gr on) City Hos rn Avenu	spitals me	Marylar c. city or town Baltime D. STREET ADDRESS	COUNTY 1d (If autside city limits, write	RURAL and give township)
5. SEX Male		WIDOWED,	DIVORCED (specify)	9-7-1891	9. AGE (In years last birthdoy) 73	If Under 1 Yr. If Under Months: Doys Hours
	AL OCCUPATION (Give kind of wa g mast of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Mary		12. CITIZEN OF WHAT COUNTRY?
13. FATH	Samuel Neal	1		14. MOTHER'S MAIDE	Mary L. Col	.00
15. Was (Yes no or	Deceased Ever in U. S. Armed Fo unknown) (If yes, give war ar do	tes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT Records: I	3CH-4940 Eas	tern Avenue 2
heor	DISEASE OR CONDITION D LEADING TO DEATH does not mean the mode of foilure, osthenio, etc. It mean or complication which couse ANTECEDENT CAUSE ASES OR CONDITIONS, if	of dying, e.g., s the disease, d deoth.)	CAUSE OF GAS	Bleeding	inal	interval betwee
A OIH OO OIH IISE UISE	IO THE OBOVE COUSE (A) ERLYING CONDITION TOST. FR. SIGNIFICANT CONDITIONS THE DEATH BUT NOT REL ASE OR CONDITION CAUSING DATE OF OPERATION [198. CO	CONTRIBUTING	Carcino	ma of Lung	r S	FINDINGS CONSIDERED AUSES OF DEATH?
W N	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	21 B. P hame etc.)	PLACE OF INJURY (e.g., in , farm, factory, street, of		OID (If in Baltimo	re City, give exact lacotion)
OR O						
OR CORCO	TIME (Month) (Doy) (Year JJURY (OX.)	While			D INJURY OCCUR?	
O P III (APP	(Month) (Doy) (Year IJURY (OX.) certify that (I) (this hospital) (I) (we) last saw the decease	While Work ai) attended the sed alive an	Not While At Work deceased from 8-15-	8-15- 19.65 °	1965 ta	8-15- 19 inlan deoth accurred an t
V DEAT OF III (APP that and 20A.	(I) (we) last saw the decease our and from the couses stored that (I) (This hospital (I) (This hospital (I) (We) last saw the decease our and from the couses stored (I) (We) I as the couses stored (II) (We) I as the couses stored (III) (We) I as the couses stored (IIII) (We) I	While Work ai) attended the sed alive an	Not While At Work deceased from 8-15- (We) (did) (did nat) v M.D. Atte	8-15- 19.65 of the body ofter do noting Med. Director 23D. ADDRESS		

1891

M. cyland HW S.S. ..

Mary L. Holes Samual Neal

B/19/55 New Jathe Pal Jes

BALTIMORE	CITY	MEALTH	DEDADTALE	LIT

65, 8541

M.E. CASE NO.	ICAL LA	AMINER'S CI	KIIICA	IL OI D	EA III vegisie	140		
1. NAME OF DECEASED		2. DATE AND	HOUR PRONOUNC	ED DEAD				
(Type or Print) WALT	on L	WHITE		8-16-	65		8:25 P M	PM
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCA INSTITUTION PROVIDENT HOSPI	AL OR INSTITUATION)	TION, GIVE STREET	A. STATE Maryla C. CITY OR TOV Baltim D. STREET ADD	nd WN (If outside ore		YTY	ence before o	
5. SEX 6. RACE Male Colored		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years last birthdoy) 73		1 Yr. If Unde Days Hours	
A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTINE during most of working life, even if retired)				(State ar foreign	country)		TIZEN OF	
13. FATHER'S NAME			14. MOTHER'S M	lice				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no grunknawn) (If yes, give wor ar date		16. SO CIAL SECURITY NO.	Mrytle	Ingrah	m 716 Ai	address squit	h St.	
(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which coused ANTECENDENT CAUSI DISEASES OR CONDITIONS, IF ARISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING DISEASE OR CONDITION CAUSING MASS PER WAS PER WAS PER PROPERTY OF THE DEATH OF THE DEATH OF THE DISEASE OR CONDITION CAUSING MASS PER WAS PER PROPERTY OF THE DEATH OF THE DEATH OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DEATH OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DEATH OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DEATH OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DEATH OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OF THE DISEASE OR CONDITION CAUSING MASS PER PROPERTY OR CAUSE OR CONDITION CAUSING MASS PER PROPERTY OR CAUSE	s the disease, death.) ES ANY, GIVING TATING THE CONTRIBUTIN	(B) DUE TO (C)			iovascular			
DISEASE OR CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY		OB, IF YES, WERE FIN CERTIFYING CAU			
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B, home etc.)	PLACE OF INJURY (e.g., i form, factory, street, o	in ar about 21C. V	WHERE DID (H	in Boltimare City, g	ive exact loc	cation)	
21D TIME (Month) (Day) (Yea OF INJURY (APPROX.)	V	TE. INJURY OCCURRED WHILE AT NOT WORK AT W	WHILE	OW DID INJUI	Y OCCUR?			
22. I certify that I held an resulted from: Natural can actual SIGNATURE EXAMINER'S NAME (Type) WERNER I 23A. BURIAL CREMATION, REMOVAL (Specify)	U. SPITZ	M.D. C. NAME of CEMETERY of	CHIEF M ASSISTANT M ASSOCIATE N	EDICAL EXA EDICAL EXA EDICAL EXA 1EDICAL EXA 123D. LO	AMINER AMINER CATION (City	r, tawn, ar co	DATE SIG	
Burial NEWS, 24A. DATE REC'D BY HEALTH DEPT.		New Cather		AL DIRECTOR	altimore,		DDRESS	
AUG 18 1965 Rober VS 151-REV. 1/1/65	0 2,00		Ofor	K 6.1	Mer 134	871.0	alhou	en b

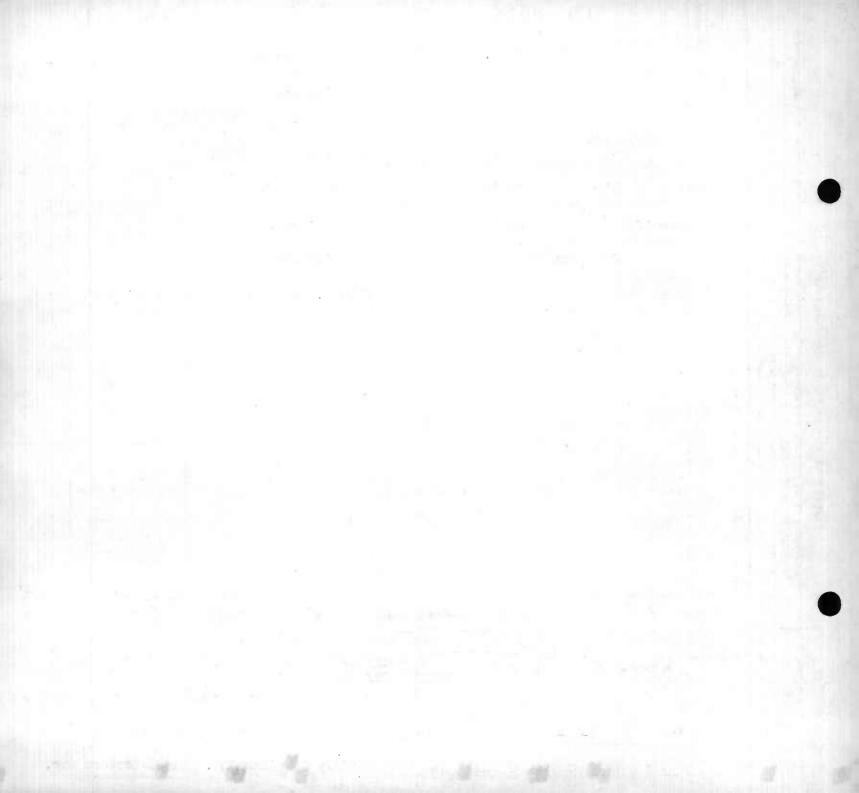
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VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

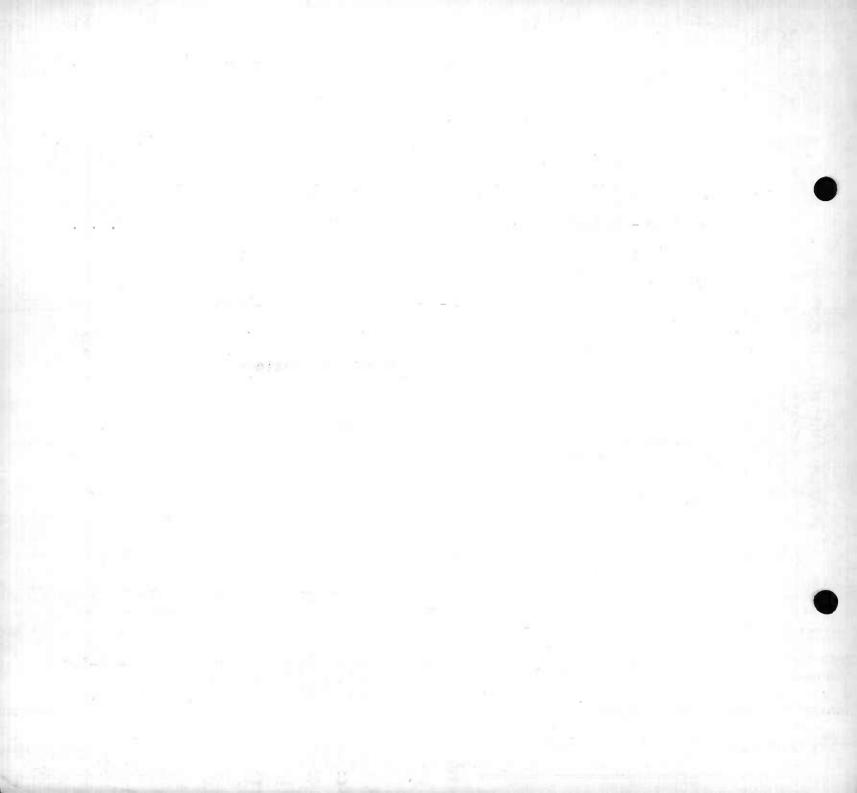


IMPORTANT

FUNERAL DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

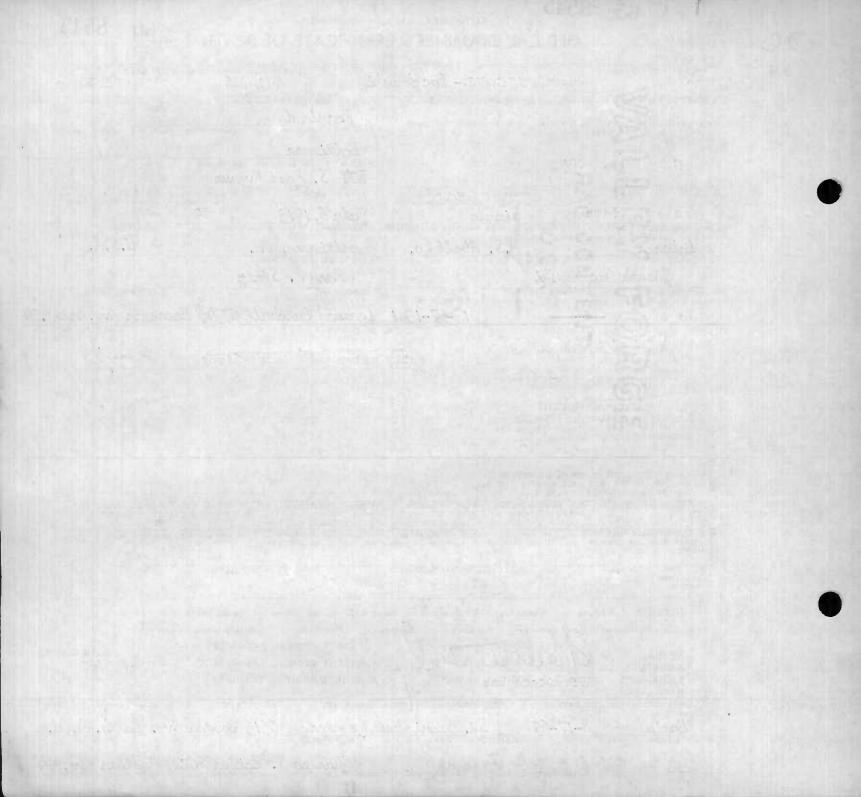


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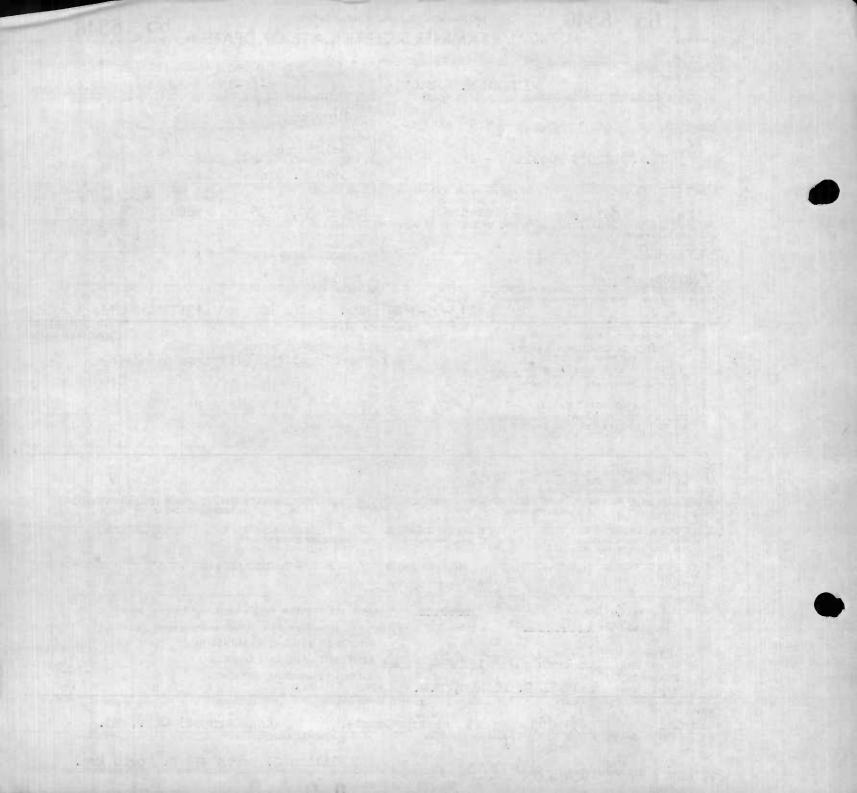
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 8545

MIG CASE NO.					
1. NAME OF DECEASED	dward BURCHE	ILL - Buczkows	ki	8/14/65	5.30 p
3. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where deceased lived.	If institution: residence before admiss
FULL NAME OF (IF NOT IN ADDRESS OF	HOSPITAL OR INSTITU	TION, GIVE STREET	C. CITY OR TO	CNO. NN (If outside corporate limit:	s, write RURAL and give township)
INSTITUTION			Baltim		3611
City Hosp. Do	OA			RESS (If rurol, give lacation)	V O 4
			824 5.	East Avenue	
5. SEX 6. RACE	WIDOWED, D	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	lost birthdoy	Months Doys Hours Mi
male white	Sing Sing	RUSINESS OF INDUSTRY	July 6,	(State or foreign country)	12. CITIZEN OF
done during most of warking life, even if	retired)	Abell (o.		4	WHAT COUNTRY?
Laborer 13. FATHER'S NAME	n.J.	noeu (o.	Baltine 14. MOTHER'S M	ore, Md.	W.J./1.
Joseph Buczk	owski		Mary	M. Stetz	
15. WAS DECEASED EVER IN U.S. (Yes, no ar unknown) (If yes, give war		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		215-07-1581	Leonard	Burchell 67342	Bessemer Ave. Balto.
18.		CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITI		Fattu	matamanni	oois of live	ONSET AND DEA
(This does not meon the m	node of dying, e.g.,	DUE TO	metamorpi	nosis of liver	***************************************
heart failure, asthenia, etc. It injury or complication which	caused death.)				
ANTECENDENT		(B)			
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE	(A) STATING THE	DUE TO		•••••••••••••••••••••••••••••••	
UNDERLYING CONDITION	LAST.	(C)			
9					
OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C. 19A. DATE OF OPERATION 19	OT RELATED TO TH				
DISEASE OR CONDITION CA	B, CONDITION FOR W	HICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED
o w	AS PERFORMED		yes		Yes
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. P.	LACE OF INJURY (e.g., if	n or about 21 C. V	VHERE DID (If in Baltimore C	City, give exoct location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH,	etc.)				
21D TIME (Month) (Doy) OF INJURY		E. INJURY OCCURRED		OW DID INJURY OCCUR?	
(APPROX.)	m. W	ORK NOT NOT NOT NOT W	ORK	HALL KALLERY	
22. I certify that I held	on Inquiry	Inspection Aut	opsy X and	that on this bosis, deat	h in my opinion
resulted from: Native	rgl gauses X A	ccident D Sylicide	Homicl	de Undetermined	monner
ACTUAL (1/soft	12/2/		EDICAL EXAMINER	DATE SIGNED
SIGNATURE				EDICAL EXAMINER	8/15/65
EXAMINER'S R.I	Breitenecker		ASSUCIATE M	EDICAL EXAMINER	
23A. BURIAL CREMATION, 23B. D. REMOVAL (Specify)	ATE 23C	NAME OF CEMPTERY OF	CREMATORY	23D. LOCATION	(City, town, or county) (State)
Burial 8-	17-65	St. Stanislau	s Cemeter	4 6515 Boston	Ave. Balto. 24, Md.
24A. DATE REC'D BY HEALTH DEP	T. 248, NAME C	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
AUG 18 1965 (2)	C. 8 8. 30	ife MI	(harl	es S. Zeiler 6	5224 Eastern Ave. #2
VS 151-REV. 1/1/65		I, I o	000	A 1	



3:40 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min. 2. CITIZEN OF WHAT COUNTRY? Mrs. Regina Haygood 1311 N. Washington St INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? MHILE AT NOT WHILE 22. Inspection X Autopsy ond that on this bosis, death in my opinion I certify that I held on Inquiry resulted from: Natural causes X Homicide Undetermined monner Accident Suicide CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 8-16-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S RUSSELL S. FISHER, M.D. NAME (Type) (Stoto) 23C, NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) 23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 8/19/65 Anne Arundel Cty., Md. Burial Mt Calvary Cemetery ADDRESS 24A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR William C. March 928 E. North Ave.

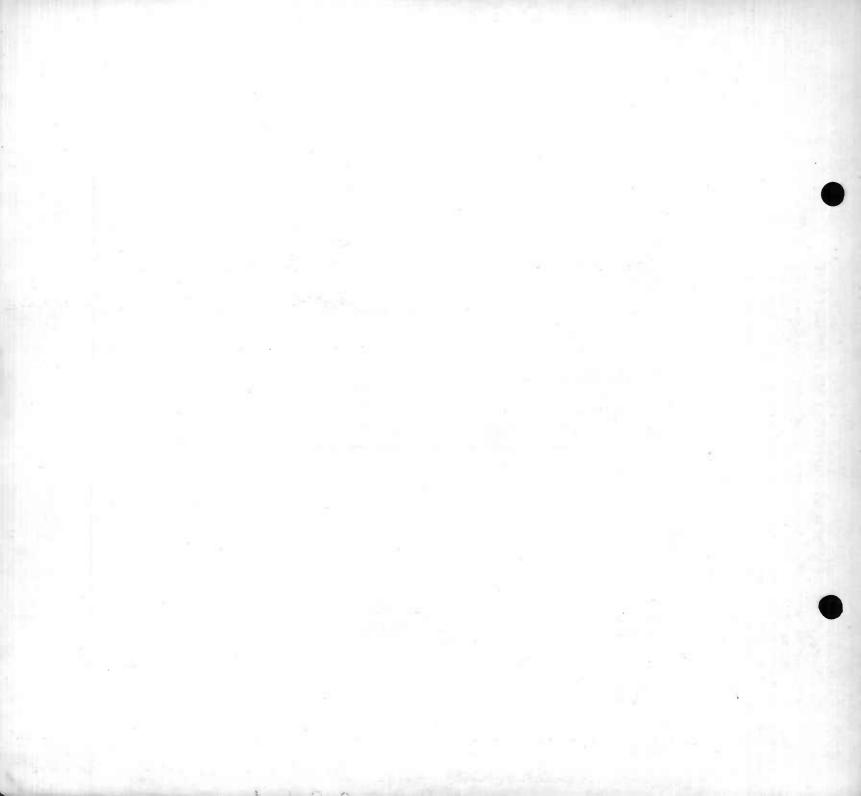


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

A.E. CASE NO. NAME OF DECEAS	(FD			2 DATE AN	D HOUR PRONOUNC	CED DEAD		
Type or Print)		FT u	WEBER, Jr.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			8-16-65 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the state of th					
SOUTH BAD	LTIMORE GEN	ERAL HO	SPITAL - DOA	Baltimore D. STREET ADDRESS (If rurol, give locotion) 28 E. Heath Street				
Male 6. R	WIDOWED, DIVORCED (specily)			B. DATE OF BIRTH July 13, 1963	9. AGE (In years lost birthday)	Months Doys Hours A		
one during most of worki		108. KIND OF	BUSINESS OR INDUSTR	Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?		
FATHER'S NAME				Ialene Nitte				
. WAS DECEASED E	Daniel H. Weber, Sr. WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no of unknown), (If yes, give wor or dotes of service) SECURITY NO.				LLTGHT	ADDRESS		
es, no of unknown, iii y	yes, give war ar aare:	s of service/	SECURITY NO.	Daniel H. Weber	S- 28 F	Uanth Ct		
injury or complic	henro, etc. It means cation which coused a	the disease, death.)	00	rly men.	n a. tis			
DISEASES OR RISE TO THE AL UNDERLYING	ECENDENT CAUSE CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST. II CANT CONDITIONS ATH BUT NOT REL ONDITION CAUSING	CONTRIBUTING THE	(C)	,				
DISEASES OR RISE TO THE AI UNDERLYING OTHER SIGNIFIC TO THE DEA DISEASE OR CO	CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST. II CANT CONDITIONS ATH BUT NOT REL	CONTRIBUTING THE	(C)	20A. AUTÖPSY? (Yes or No)		INDINGS CONSIDERED		
DISEASES OR RISE TO THE AI UNDERLYING OTHER SIGNIFIC TO THE DEA DISEASE OR CO	CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST. II CANT CONDITIONS ATH BUT NOT RELONDITION CAUSING FERATION 19B. CON WAS PER!	CONTRIBUTING THE CONTRIBUTING TO	(C)	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED JSES OF DEATH? YES		
DISEASES OR RISE TO THE AI UNDERLYING OTHER SIGNIFIC TO THE DEA DISEASE OR CO 19A, DATE OF OPI 21A, EXTERNAL C. UNDERLYING OR UTING CAUSE (21D TIME (OF INJURY (APPROX.)	CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST. II CANT CONDITIONS ATH BUT NOT RELONDITION CAUSING FERATION 19B. CON WAS PER!	CONTRIBUTING THE CONTRIBUTING TO TO IT. ATED TO TO IT. IT. 21 B. home etc.)	(C)	20A. AUTOPSY? (Yes or No) LS in or obali 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ	20B. IF YES, WERE F IN CERTIFYING CAU (II in Boltimore City, g	FINDINGS CONSIDERED JSES OF DEATH? YES		
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_1	BALTIMORE CITY HEALTH DEPARTMENT	
0 -5	TH NO. 65 8548 CERTIFICATE OF DEATH Registered No. 65	8548
1.1	NAME OF DECEASED WITTER (AUSTIN W. 2. DATE AND HOUR OF DEATH AUG 15th, 1965	650 A M.
	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decreased lived. If institution A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	9-08
	UNIVERSITY HOSPITAL D. STREET ADDRESS (If rurol, give location).	ond give township)
5. 5	IIII Darley Ave #18	W 19 Jan 24 Mar
	Mare legre WIDOWED, DIVORCED (specify) 4/8/13 lost binhdoy) Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, Compared to the control of the state of the control of the country	CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME GEORGE SAMUEL PERRY 14. MOTHERS MAIDEN NAME SARAH E. NUTTE	n
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II f yes, give woi or doles of service) 16. SOCIAL SECURITY NO.	ADDRESS
	137-09-5863 MRS. KEBECCA NOTTER -1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO	6 Weeks
	heart bollure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B) MCSSILLE MCCAUSICS	
	ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving	***************************************
	rise to the above couse (A) stoting the UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES CO.	GS CONSIDERED OF DEATH?
CAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home forton, street effice bids, INILIPY COCCUP?	give exact location)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) ottended the deceased from August 19 65 to July	18th 1960-
	ond hour and from the causes stated above. (1) (We) (dld) (did not) view the body ofter death.	
		Aug 15th, 1967
	23C. PHYSICIAN'S NAME (Type)	itim one, Mol
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town	n, or county) (Stote)
25	11/1 /	ADDRESS ALLE
25/	AUG 18 1965 Pole & Falent HEZDERT E. NOITER-3035	Ver / Vorein NVE



65 Arbutus Mem Pk. 1248, NAME OF REGISTRAR MEM PAGE, FUNERAL DIRECTOR

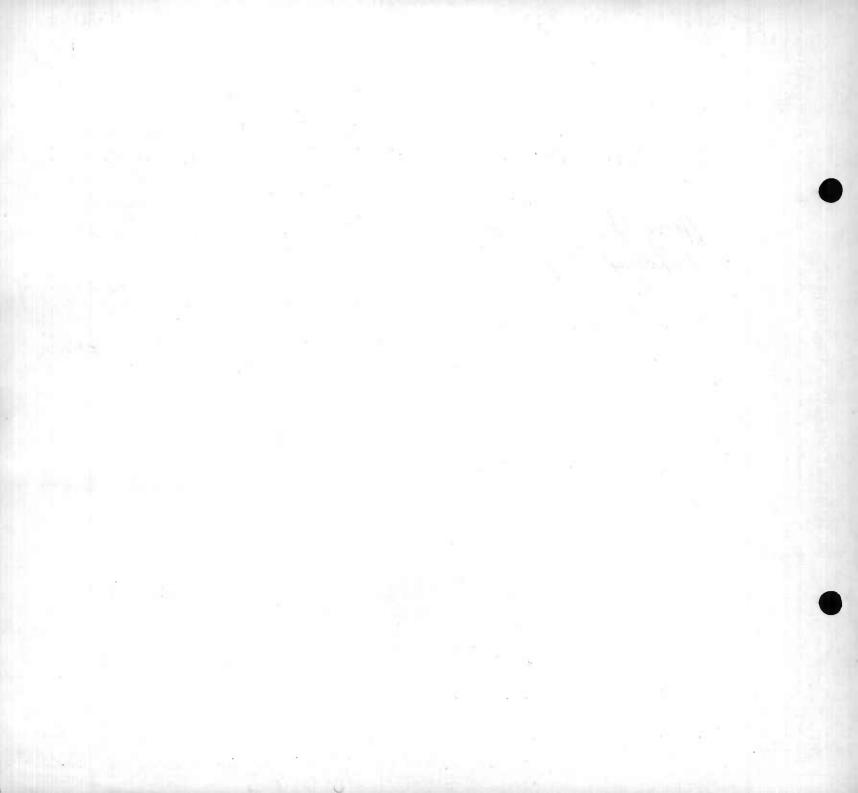
Herbert E. Nutter 3035 W. North Ave

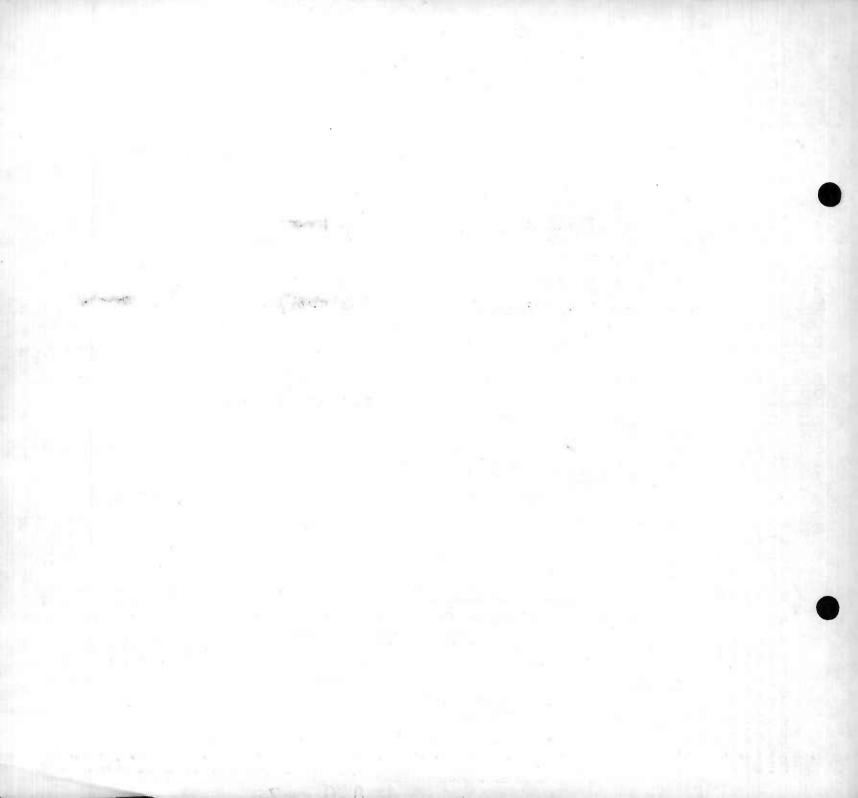
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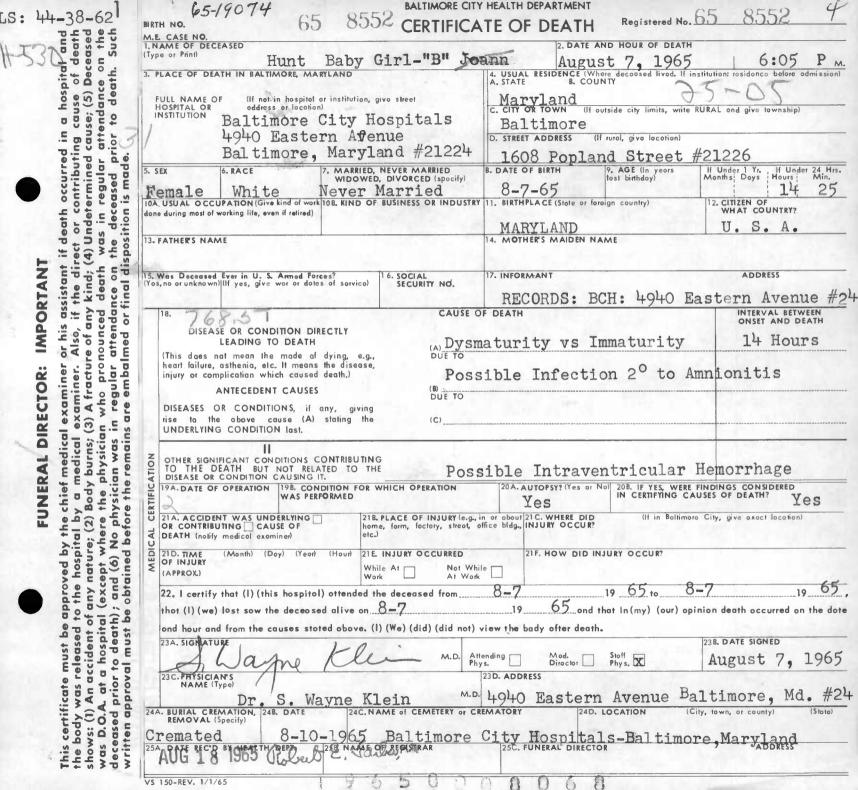
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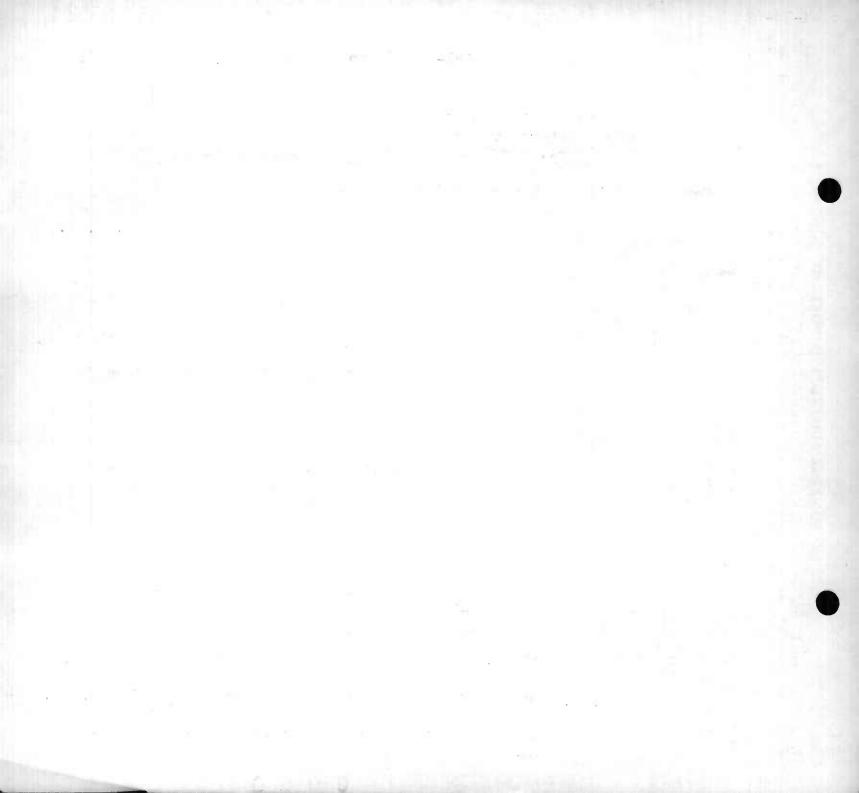
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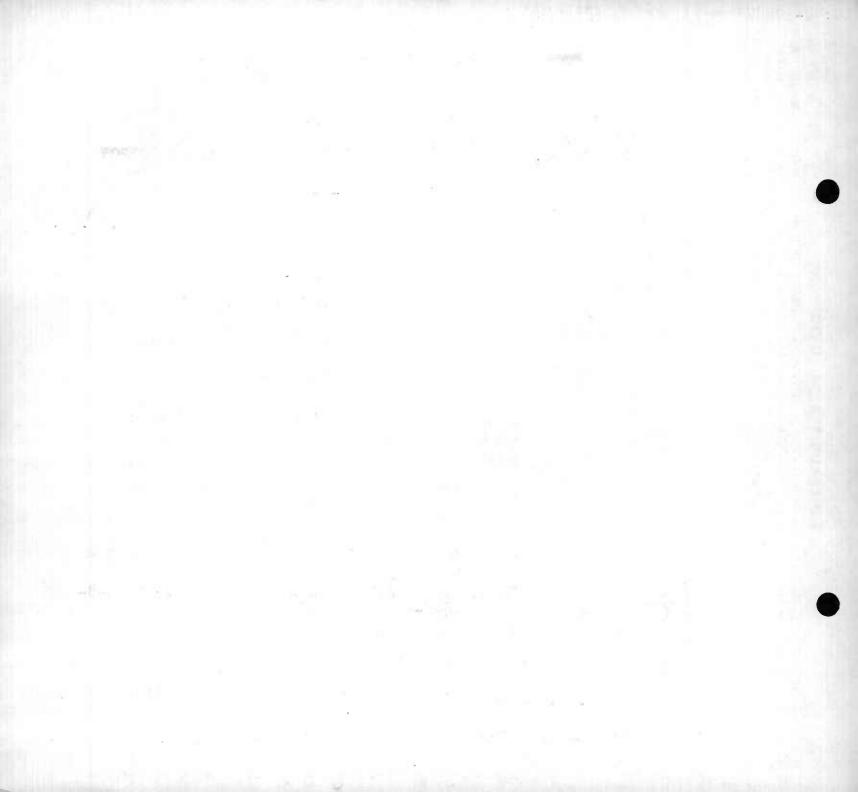






SU	N.E.	CASE NO. CASE NO. TO Print! Branc:		TE OF DEATH	Registered No. 1 AND HOUR OF DEATH Sust 8, 196	
attendance rior to death	FU	JLL NAME OF (If not in hospitot or institution, give oddress or location) Baltimore City Hos 4940 Eastern Avenu Baltimore, Maryla	sheet pitals e	Maryland c. city or town (If Baltimore D. Street Address	here deceased lived. If in	stitution: residence before odmission
regula ceased n is mad	ØÀ.	Y A PACE TO MARRIED, NE	ver MARRIED DIVORCED (specify) arried	8-8-65 11. BIRTHPLACE (Stote or for Maryland	9. AGE (In years lost birthday) reign country)	Months Doys Hours Min. 5 26
the the	3. F	ATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
dis	5. W Yes,	/os Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	BCH· FOFU E	ADDRESS Eastern Avenue
ician who pro ras in regular		injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.	(B)	auterine Str		ease
physici	L CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., i	20 A. AUTOPSY? (Yes or Y & S n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?		FINDINGS CONSIDERED USES OF DEATH? S e City, give exact location)
- m	MEDI	OF INJURY (A PPROX.) While Work	At Not While	21F. HOW DID I	NJURY OCCUR?	
					/F 17.	FO 9 8 65
		22. I certify that (I) (this hospital) attended the that (I) (we) lost sow the deceased alive an and hour and from the causes stated above. (I) (123A. SIGNATURE	deceased from 6.3. 8-8- We) (did) (did not) v	24pm 8-8- 19 65 ond view the body ofter deat	h.	238, DATE SIGNED
prior to death); and oproval must be obtai		and hour ond from the couses stated obave. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	We) (did) (did not) M.D. Atte	24pm 8-8- 19 65 ond riew the body ofter deot ending Med. Director 23D. ADDRESS 4940 Eastern	stoff New York of Avenue Bal	inion death occurred on the do

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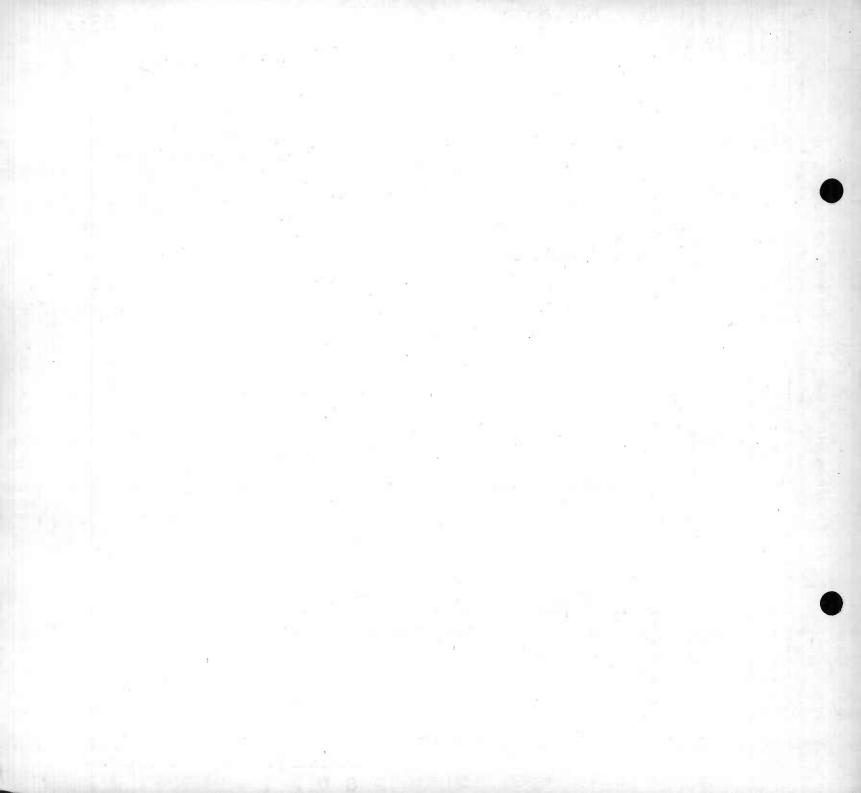
BALTIMORE CITY HEALTH DEPARTMENT

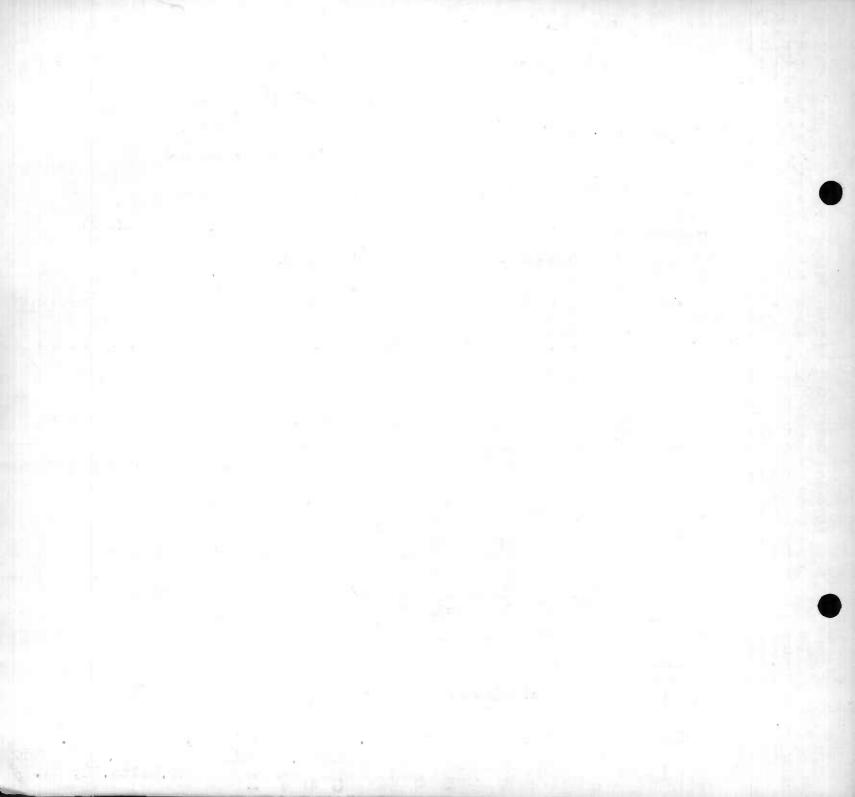
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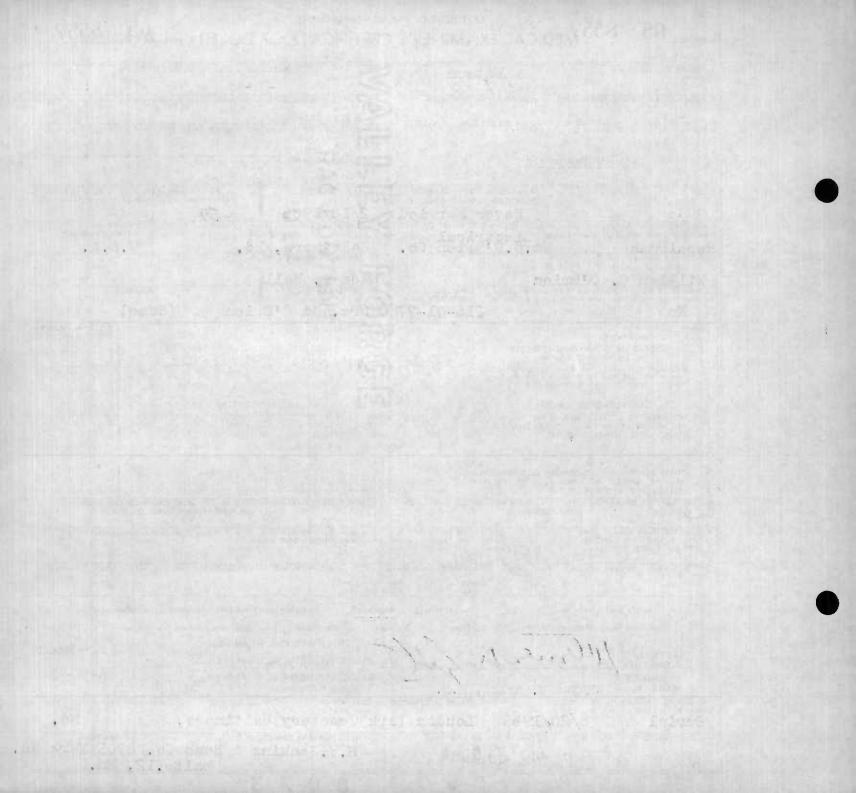
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THE PLACE OF DEATH IN BALTIMORE, MARITAND I. STATE R. COUNT II. NAME OF Orders or Incoment Orders or	T. PLACE OF DEATH IN BALTIMORE, MARTLAND 14. USUAL RESIDENCE (When a deceased lived. It institution in seldence before of the North County) 15. THE MART OF (It rat in haspital or institution, give sheet HOSPITAL OR oddress or location) 16. CITY OR TOWN III autistly, city, limits, with RURAL and give township) 17. STEE 18. BACE (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 19. SOCIAL (IT READ TO THE NORTH COUNTY) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 19. SOCIAL (IT READ TO THE NORTH COUNTY) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 18. FATHERS NAME (It read to the North County) 19. SOCIAL (IT READ TO THE NORTH COUNTY) 19. SOCIAL (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NAME (IT READ TO THE NORTH COUNTY) 19. FATHERS NAME (IT READ TO THE NAME	M.E.	D7 X777		Registered No. 65 8555
Harford Gardens Nursing Home D. STREET ADDRESS III repol, give location 243 St. Helena Ave. 243 St. Helena Ave. 1. MARRIED, NEVER MARRIED (1. DATE OF BIRTH 1. DATE OF BIRTH	Harford Garders Nursing Home D. STREET ADDRESS (Ill runk) Eye jecologin 243 St. Helena Ave. 243 St. Helena Ave. 325 SER J. Acceptation (Give kind of work) log. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stade or foreign country) 103. USUAL OCCUPATION (Give kind of work) log. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stade or foreign country) 104. USUAL OCCUPATION (Give kind of work) log. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stade or foreign country) 105. USUAL OCCUPATION (Give kind of work) log. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stade or foreign country) 106. USUAL OCCUPATION (Give kind of work) log. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stade or foreign country) 107. AUTHOR OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stade or foreign country) 108. FATHERS NAME 109. FATHERS NAME 109. FATHERS NAME 109. FATHERS NAME 109. FATHERS MANDEN NAME 109. FATH	3. P	JLL NAME OF OSPITAL OR oddress or locotion)	4. USUAL RESIDENCE (Where A. STATE Md.	deceased lived. If institution: residence before admis
13. FATHERS NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15. SOCIAL 17. INFORMANT 17. INFO	J. FATHER'S NAME John Muscolino 13. FATHER'S NAME John Muscolino 15. Wer Deceased Ever in U. S. Armed Farices? 16. SOCIAL SECURITY NO. None 17. INFORMANT JI 1801 (appending R None None None 18. J. I 1801 (appending R None None None None None ANDERS None 18. J. I 1801 (appending R None	90		ng Home D. STREET ADDRESS (If TO 243)	Baltimore 101, give jocotion 1. Helena Ave.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL 17. INFORMANT 17. I	J. FATHER'S NAME John Muscolino S. Wer Deceased Ever in U. S. Armed Forces? Vis. to grand monitoring the sound of the service of the servi	3	emale White Widow	Section of State of Birth July 20, 1885	AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours M
John Muscolino Swed Deceased Ever in U. S. Armed Forces?	John Muscolino 15. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. Was Decessed Ever in U. S. Armed Forces? 17. INFORMANT 18. J. I 1801 (application of Mark Raschella Silver Spring, Mark Raschella Silver Raschella Silv	done	during most of working life, even if retired) Own Hom	e Italy	WHAT COUNTRY?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION Scontribused to the DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. 19.4. Date of Operation 1986. Condition for which operation 19.4. Date of Operation 1986. Condition for which operation 19.4. Date of Operation 1986. Condition for which operation 19.4. Date of Operation 1986. Condition for which operation 19.4. Date of Operation 1986. Condition for which operation 19.4. Date of Operation 1986. Condition for which operation 19.4. Date of Operation 19.4.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foliure, astheria, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION COUNTRIBUTING TO COUNTRIBUTING COURSE OF DEATH? 19A. DATE OF OPERATION WAS PREFORMED TO THE DISEASE OR CONDITION COUNTRIBUTING TO COUNTRIBUTING COURSE OF DEATH? 19A. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING COURSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING COURSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING COURSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING TO COUNTRIBUTION TO COUNTRIBUTION TO COUNTRIBUTION TO COUNTRIBUTE OF THE COUNTRIBUTE OF THE COUNTRIBUTION TO COUNTRIBUTE OF THE COUNTRIBUTE OF THE COUNTRIBUTION TO COUNTRIBUTE OF THE	13. [Virginia Passamonte
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about NIJURY OCCUR? etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? While At North Not While Work 14 Work 19 W	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A- DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF LOCATION Port of the color of the	are embalmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the	(B)	scular Drowl Zgears
WAS PERFORMED Value Value	WAS PERFORMED Value Value	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ABERATION 20 A AUTOREY2 (Vo. o. No.)	208 IE VEC. WERE EINDINGS CONSIDERED
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Not While Not While Not Work Not Wor	21D. Time (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 1965 to 1965 to that (I) (we) lost saw the deceased olive on 1965 and that In (my) (but) opinion death accurred on the ond hour and from the couses stated above. (I) (We) (dld) (dtd not) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Staff	AL CERTIF	WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in or obout 21C. WHERE DID	
	ond hour and from the causes stated above. (1) (No.) (dld) (dtd not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Staff	MEDI	OF INJURY (APPROX.) While At Work Work 22. I certify that (I) (this hospital) attended the dece	Not While assed from Alarch 19	65 10 Avew 7 /7 196
23C-FHYSICIAN'S NAME (Type) Loy M Limmerman M.D. 3202 Harrow Rd. Baltimone M.D. 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) C. Burial 8-20-65 Locust Grove Cemetery Elwood City, Pa. 25A. DATE REC'D BY MARTH PEPT 1250 NAME of REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. 14 Medical Recommendation of the		>	100000	Leonard J. 1	rack site. Daco. 14 mi



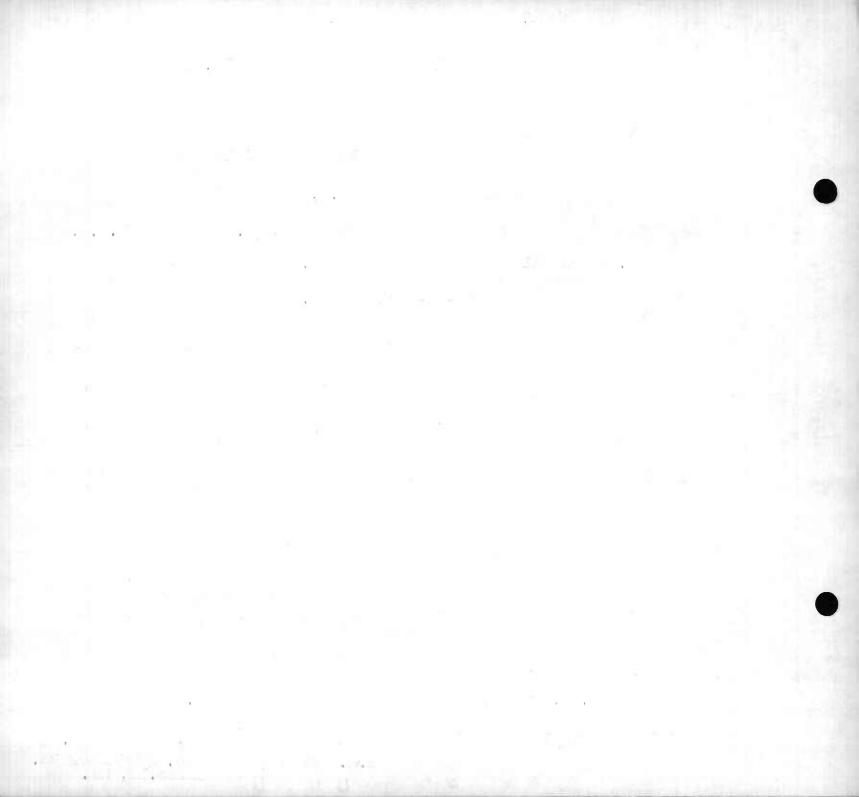


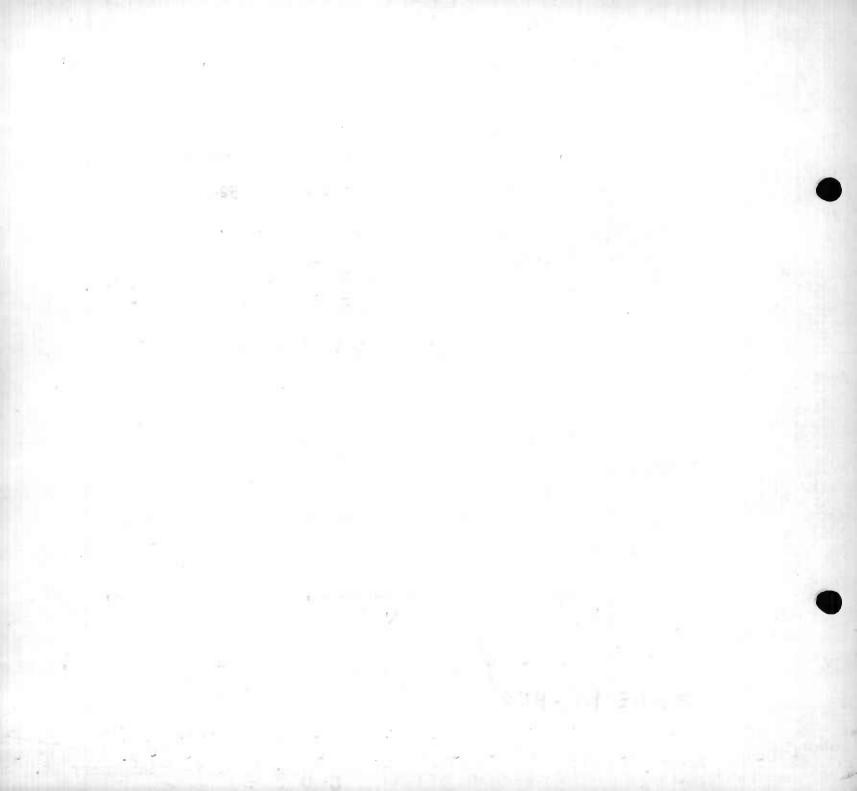
BIRTH NO. 65	855 MED	ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registe	8557 8557
M.E. CASE NO.				D HOUR PRONOUNC	
(Type or Print)		Watson OBERT / O'BRIEN	8-17	4	8:10 A M.
3. PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONOUNCED DEAD	A. STATE	deceosed lived. If inst B. COL	itution: residence before admission
FULL NAME OF	(IF NOT IN HOSPI'	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	e carparate limits write	RURAL and give township)
NOITUTITZ			Baltimore	my.	1-18
1	MERCY HOSPI	TAL	D. STREET ADDRESS (If rural,	give location)	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	505 Evesham A	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs
		WIDOWED, DIVORCED (specify)		lost birthdoyl	Months Days Hours Min.
Male	White	Never Married **No. Kind Of BUSINESS OR INDUSTR	2/18/1906 Y)11. BIRTHPLACE (State or foreign	59	12. CITIZEN OF
-	working life, even if retired)	Electrical m.C.O Brien Co.	Baltimore, Mo	4	U.S.A.
Cepai rms	ME N	un o o brian co	14. MOTHER'S MAIDEN NAM	E	U.D.A.
William	n C. O'Brie	n	Ada A. Bell		
5. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS
No		216-01-7748	Mrs.Ada O'Br	ien (S	Same)
18.	221	CAUSI	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D				1.
(This does	not mean the made o	dving e.g. (A) ALLEL	iosclerotic card	10vascular	disease
injury or co	e, osthenio, etc. It mean amplication which caused	death.)			
	ANTECENDENT CAUS				
RISE TO TH	OR CONDITIONS, IF	STATING THE			***************************************
	ING CONDITION LAST.	(C)			
2	II			// HESS 181	
OTHER SIC	DEATH BUT NOT R	ELATED TO THE			
-	F OPERATION 198, CO	G ITNDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FIL	NDINGS CONSIDERED
5		RFORMED	Yes	IN CERTIFYING CAU	
21 A. EXTERNA	OR CONTRIB-	21 B. PLACE OF INJURY (e.g., hame, form, factory, street,	in or about 21C. WHERE DID		ve exact location)
O UTING CA	USE OF DEATH.	etc.)			
21D TIME OF INJURY	(Month) (Doy) (Ye	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		MHILE AT NOT AT W	WHILE		
22.	rtify that I held on	Inquiry Inspection Au	tapsy X ond that on th	is basis, death in r	ny apinian
		uses X Accident Suicid			
377	1.10.	- / /	CHIEF MEDICAL EX	present and the second	
SIGNAT		in high Mid	ASSISTANT MEDICAL EX	AMINER X	DATE SIGNED
EXAMI	NER'S	75	ASSOCIATE MEDICAL E		8-17-65
NAME	EMATION, 238, DATE	U. SPITZ, M.D.	or CREMATORY 23D. L	OCATION (City,	, town, or county) (State)
REMOVAL (Speci Burial	(v)		ck Cemetery Ba		Md.
	D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR		ADDRESS
ALIC 1		8 E. Farbuma	H.W.Jenkins	& Sons Co	. 4905 York Ro
AUG 1		O C, Tabana			.12, Md.
VS 151-REV. 1/1	/65		000 9 9		



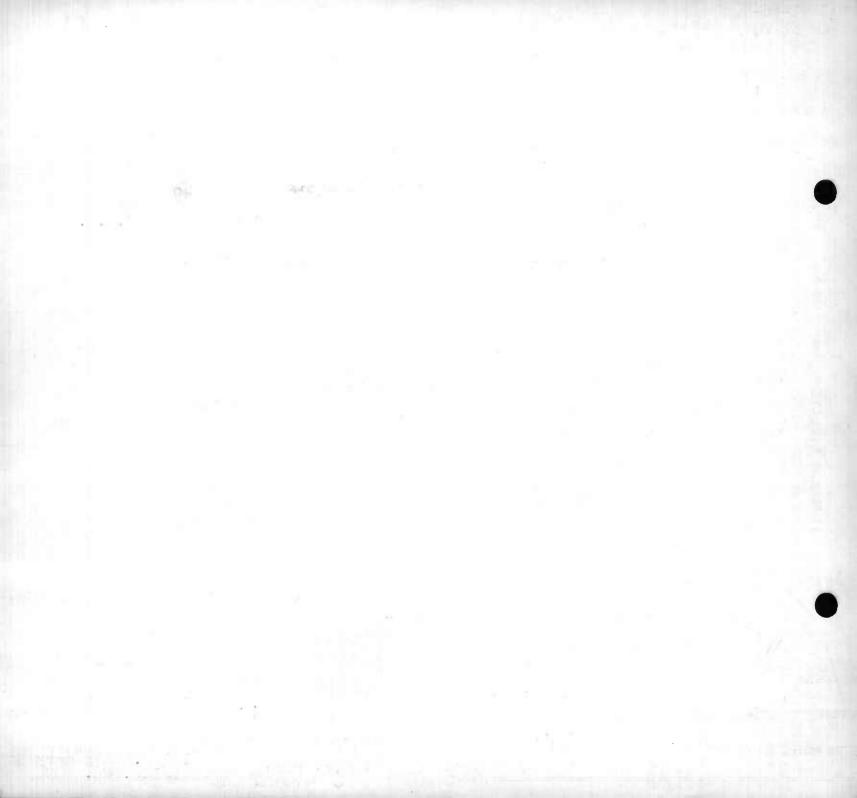
3, 1411 THE STATE OF Andread the state of the state STOR WHAT HE SE HO IL P MARINE MARK BATTER BEAT Market Company PARE R RUMMEL Miles word I wanted to the 53 K Marie Townson

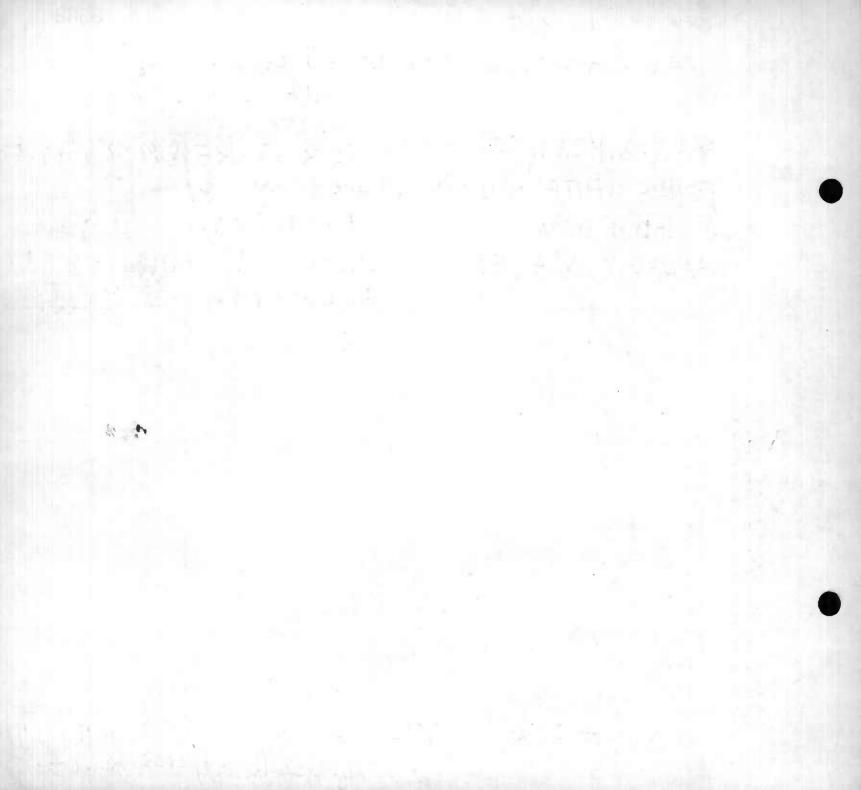
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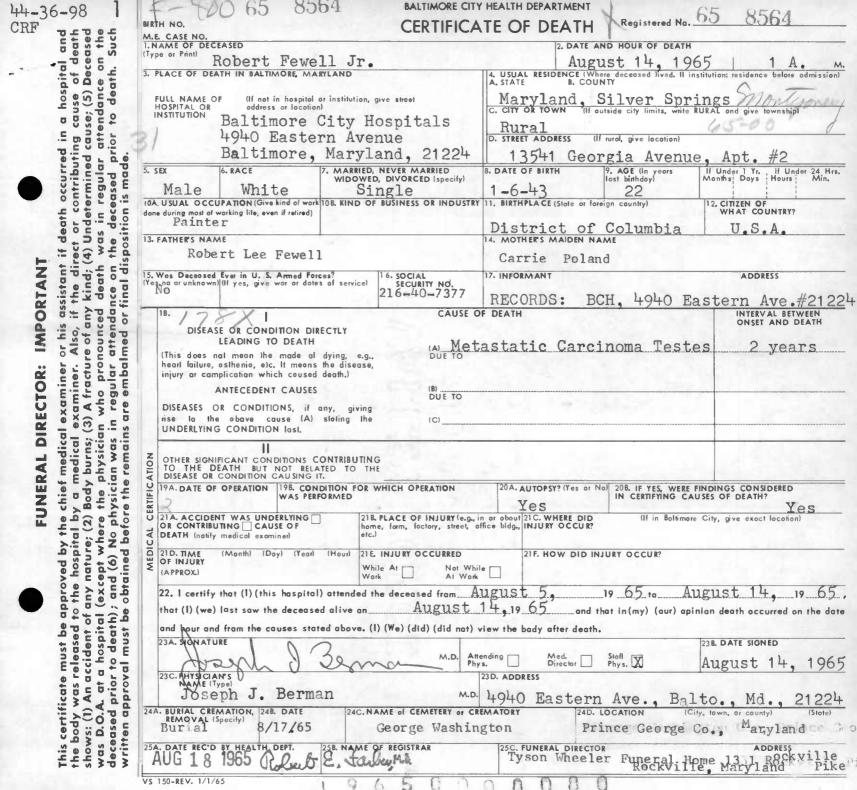
M.E. CASE NO. 1. NAME OF DEC (Type or Print)		ie Ball	ard (Moul	trie)	2. DATE AND	8-13-196	55 2:15P
FULL NAME OF HOSPITAL OR INSTITUTION	Baltimore (City Horn Aven	spitals ue	Mar c. city or to Bal	yland yland timore	ide city limits, write R	URAL ond give township)
1/	Baltimore,		d 21224	8. DATE OF BI	-	Street	21230
Male	Negro	Never	married	6-6-19	916	AGE (In years est birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY		Carolin		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	ME			14. MOTHER'S	MAIDEN NAM	E	
	Victor Ba	allard		Cha	rlotte	Miller	
15. Was Deceased (Yes, no or unknown	Ever in U. S. Anned For Ill yes, give wor or dote	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMAN Record		1940 Easte	ern Avenue 21224
18. 4. 4	2,XI		CAUSE C	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	Ure	mia			6 months
heart failure, injury ar can	nal mean the made of asthenia, etc. It means nplication which caused ANTECEDENT CAUSES	the disease, death.)	DUE,TO	nic Ren	al Dise	ease ardiovascu	l year
rise to the	OR CONDITIONS, if e abave cause (A) G CONDITION last.		_{ICI} Dise		isive Ca	rolovascu	2½ years
E TO THE D	II IFICANT CONDITIONS C PEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	Kdki-				
		DITION FOR W	HICH OPERATION	Ye	SY? (Yes or No)	208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTE	NT WAS UNDERLYING UTING CAUSE OF	21 B. F home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21 C. ' office bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore	City, give exect location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		Not White At Work	le 🗀	ULNI DID WOL	RY OCCUR?	
22. I certify	that (1) (this hospital) attended the	e deceased from	7]	21	965.10	8-13-19-65
) last saw the decease d from the causes stat					t in (my) (aur) api	nian death accurred an the dat
23A. SIGNATU	JRE	ne U	1	ending		itoff hys.	8-13-1965
23C. PHYSICIA	AN'S		Phy M.D.	23D. ADDRESS			ltimore, Marylan
NAME (Barry Wayne	01.01					
24A. BURIAL CRE	MATION, 24B. DATE		ME of CEMETERY OF CR	EMATORY	24D. LO	CATION (Ci	ty, town, or county) (State)

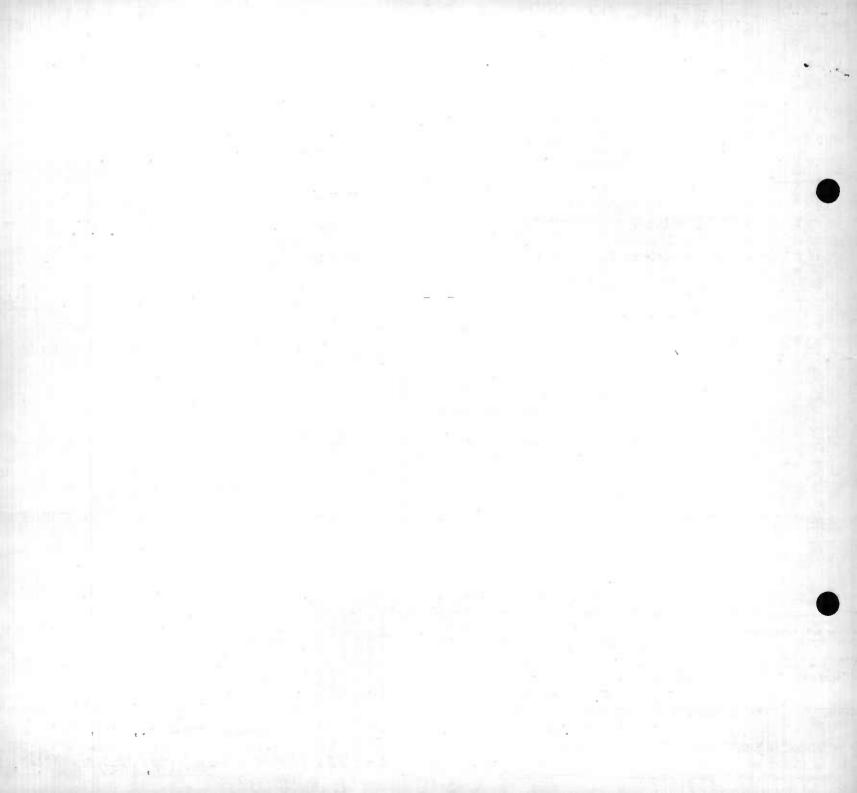




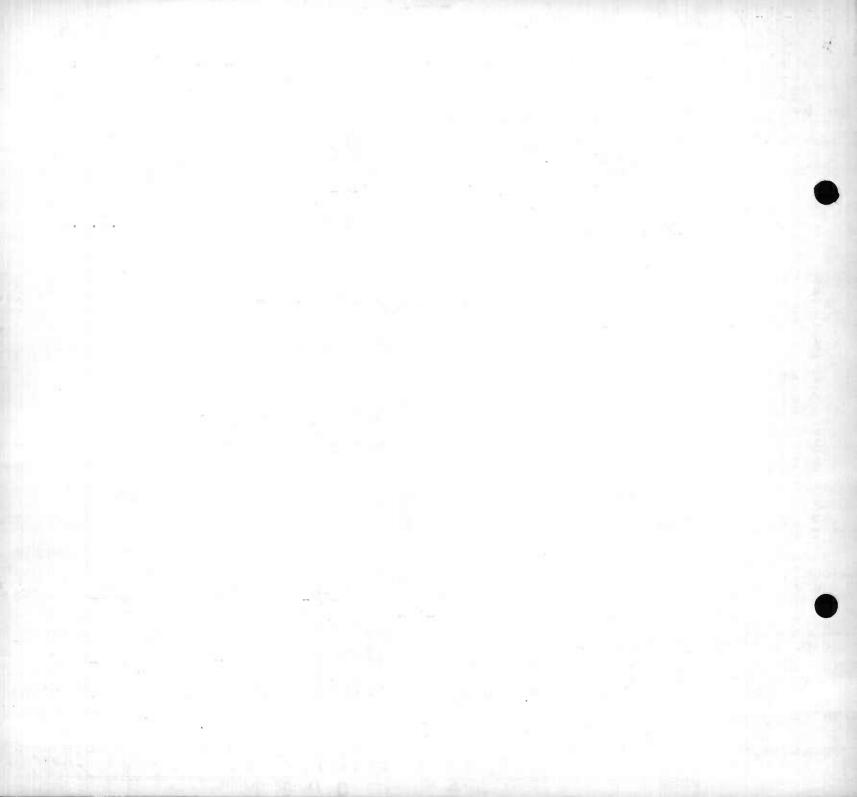
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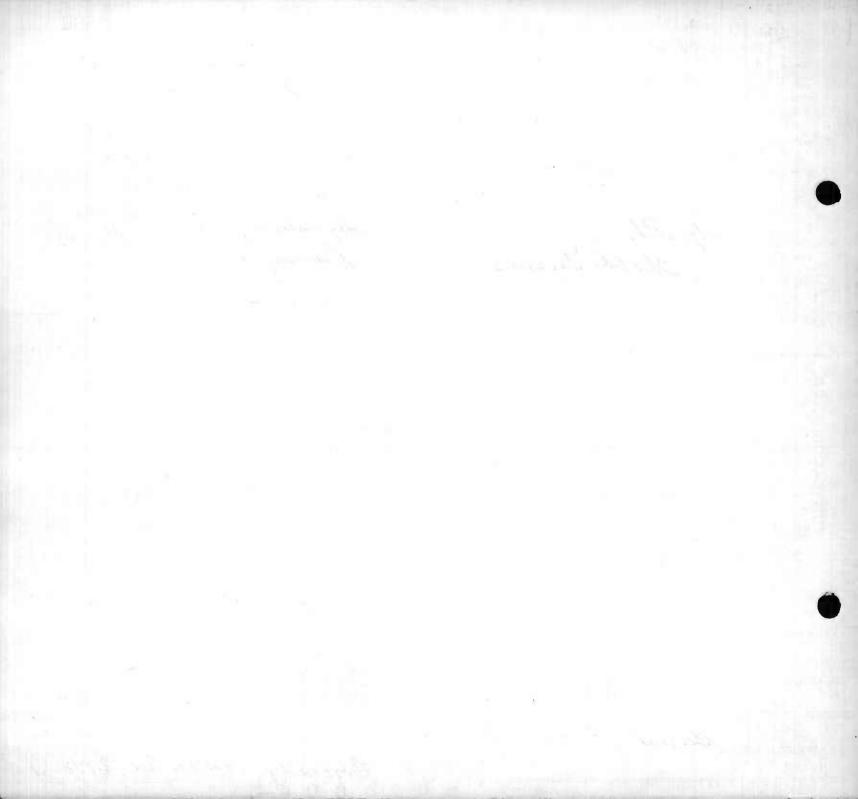


SAB-30-64-87			65 850	C 5	BALTIMORE CITY			l normalis	
- ABEDOE	M.E.	CASE NO.		00	CERTIFICA	TE OF		Registered No	65 8565
de de s		or Print)		s John	Nocar		2, 5011 01	8-14-1965	8:30 Am.
ospit 5) De nce						A. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission) A. STATE B. COUNTY Maryland Baltimore			
	tN	STITUTION	Baltimore (ospitals	C. CITY O	R TOWN (If ou	tside city limits, write RI	JRAL ond give township)
c 32,	1/		4940 Easter	rn Ave	nue			rurol, give location)	5577
0			Baltimore, N				oellers		21221
th occurred in contributing etermined can regular attended priors on is made.		ale	White	Mar	D, DIVORCED (specify)	7-6-	1905	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
e i i i	done		working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY		ryland	ign country)	12. CITIZEN OF WHAT COUNTRY?
7 9 € 3 4 0	13. F	ATHERS NAM	James			14. MOTH	ER'S MAIDEN NA	Theresa)	Comanda.
IMPORTANT r his assistant Also, if the dir s of any kind; (ounced death ittendance on	15. W (Yes,	as Deceased no or unknown)	Ever in U. S. Armed Fore (If yes, give wor or dote:	ces? s of service)	16. SOCIAL SECURITY NO. 216-09-5076	Recoi		4940 Easter	rn Avenue 21224
PO is as any and or f	1	8. 2, 0	0.11		CAUSE O	DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMPO or his a: Also, if re of any nounced attenda			LEADING TO DEATH		Lymph	osaro	coma	20 00000 0 0 m had 000 aw 0 0 0 a 0 0 0 0 a 0 a 0 a 0 a 0	3 months
		heart failure,	al mean the made of asthenio, etc. It means plication which coused	the disease					
fra fra	Ы	Δ	ANTECEDENT CAUSES		(B)		00000000000000000000000000000000000000		
DIRECTOR: ical examiner al examiner. is; (3) A fractu cian who pro cian who pro sis in regular	1	rise to the	R CONDITIONS, if a above couse (A) CONDITION lost.						
AL medicedicedichysin were	2	TO THE DE	II FICANT CONDITIONS CIEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G HE				
FUNER The chief of the part of the			OPERATION 198. CONI WAS PERF	DITION FOR	WHICH OPERATION	20 A. AL	NO	O) 20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
	0 2	A. ACCIDEN OR CONTRIBU DEATH (notify	THING CAUSE OF medical examiner)	211 hor etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	fice bldg., 11	1C. WHERE DID NJURY OCCUR?	(tt in Bottimore	City, give exact location)
4 6 5 7 P	VEDI	PPROX	(Month) (Doy) (Year)	w	LINJURY OCCURRED hite At Not While At Work		1F. HOW DID IN.	JURY OCCUR?	
pro the an	2	2. I certify	that (1) (this hospital) ottended	the deceased from		1,4-	19 65 10	8-14- 19 65.
of ap to his in			lost sow the deceose		<u> </u>				ion death accurred on the date
ust be a cased to dent of cospital death)		3A SIGNATU		red abave. ((I) (We) (did) (did not) v	iew the bo	ody after death.		23B, DATE SIGNED
P P P P P P P P P P P P P P P P P P P		Jaco	1 11 13	ema	M.D. Atte	ending	Med. Director	Stoff Phys.	8-14-1965
0 0 0 0	2	PHYSICIAL NAME (Ty	, Y	J. Ber		1940			timore, Maryland
# 0 7 7 7	24A.	BURIAL CREA	MATION, 248. DATE		AME of CEMETERY OF CRE				town, or coonty) (Stole)
This certif the body shows: (1) was D.O., deceased written a	5	uria	1 8/17/6	5 (Jak Law	_	J	alto, C	o. Md.
This cert the body shows: (1 was D.O deceased	25A.	AUG 1	1 8 1965 (P.O.		Tables MA	255 FL	melly	Sons 30	Mace Clark.
	VS 1	50-DEV 1/2/4	- 0 0160	17	4 6 6 7	A 49	0 01 1		sulf b. a.

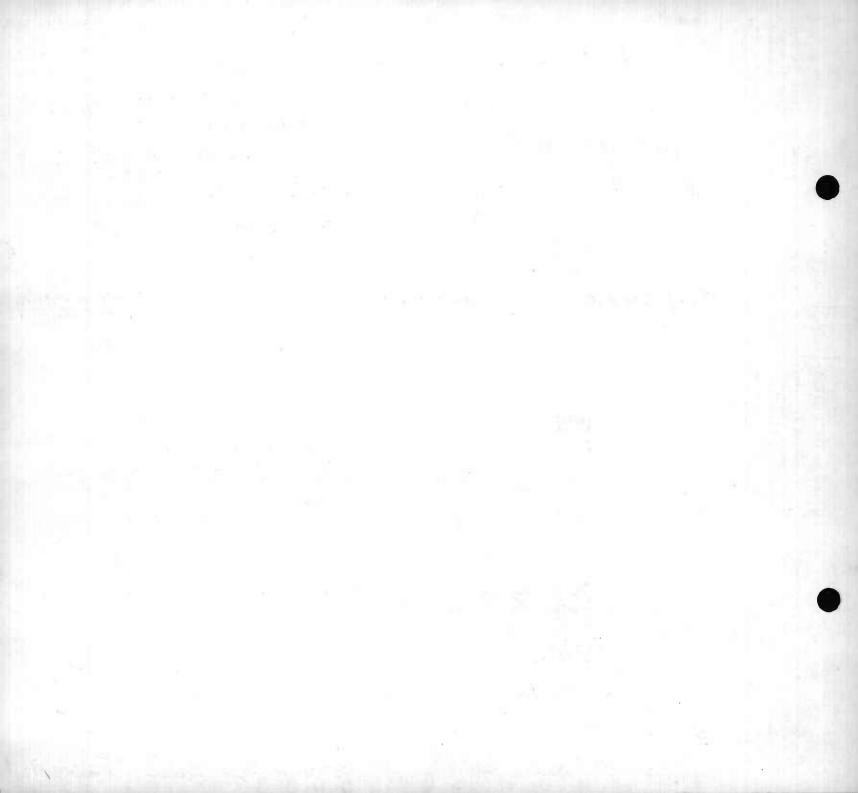


	RTH NO. B. CASE NO. 65 8566 CERTIFIC	CATE OF DEATH Registered No.	65 8566
(T)	NAME OF DECEASED Marvin Turner	2. Date and hour of death 8-16-1965	1:55
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If net in hospitel ar institution, give street	A. STATE B. COUNTY Baryland Ba	stitution: residence befere odmi
	HOSPITAL OR eddress or locotion) INSTITUTION Baltimore City Hospitals	C. CITY OR TOWN (If outside city limits, write R	(URAL end give township)
31	4940 Eastern Avenue Baltimore, Maryland 21224	D. STREET ADDRESS (If rurol, give location) 1410 3rd Road	21221
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WHOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. II Under 2 Menths Doys Heurs A
	A. USUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNTRY?
13.	Hathers NAME Jurner	14. MOTHER'S MAIDEN NAME	
15. (Ye	. Wos Deceased Ever in U. S. Armed Ferces? es,no er unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Records:BCH-4940 Easte	ern Avenue 21
(Ye	33/	E OF DEATH	INTERVAL BETWEEN
		ntracerebral Hemmorhage	5 days
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B)	Hypertensive rdiovascular Disease	2 years
z	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) slating the UNDERLYING CONDITION last.		
ICATIO	TO THE DEATH BUT NOT RELATED TO THE	20A. AUTOPSY? (Yos er Nel) 20B. IF YES, WERE F	INDINGS CONSIDERED
AL CERTIFIC	OR CONTRIBUTING CAUSE OF home, form, fectory, stree	.g., in or obout 21C. WHERE DID t, effice bldg., INJURY OCCUR?	City, give exect lecotion)
MEDIC	21D. TIME (Menth) (Dey) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on San and from the causes stated above. (I) (We) (did) (did not be caused as a stated above.	19_65ond that in (my) (our) opin	
	23A. SIGNATURE Allen Johnson M.D.		238, DATE SIGNED
	23C.PHYSICIAN'S NAME (Type)	Attending Med. Stelf Phys. X 23D. ADDRESS 4940 Eastern Avenue, Bal	8-16-1965 Stimore, Maryl
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) 8/18/65 Holly Vill		y, lewn, er county) (Si
25	AUG 1 8 1965 Robert E Farley M. A.	Connelly 300 Maces	ave. Balto. à
VS	150-REV. 1/1/65	00000	-

BALTIMORE CITY HEALTH DEPARTMENT

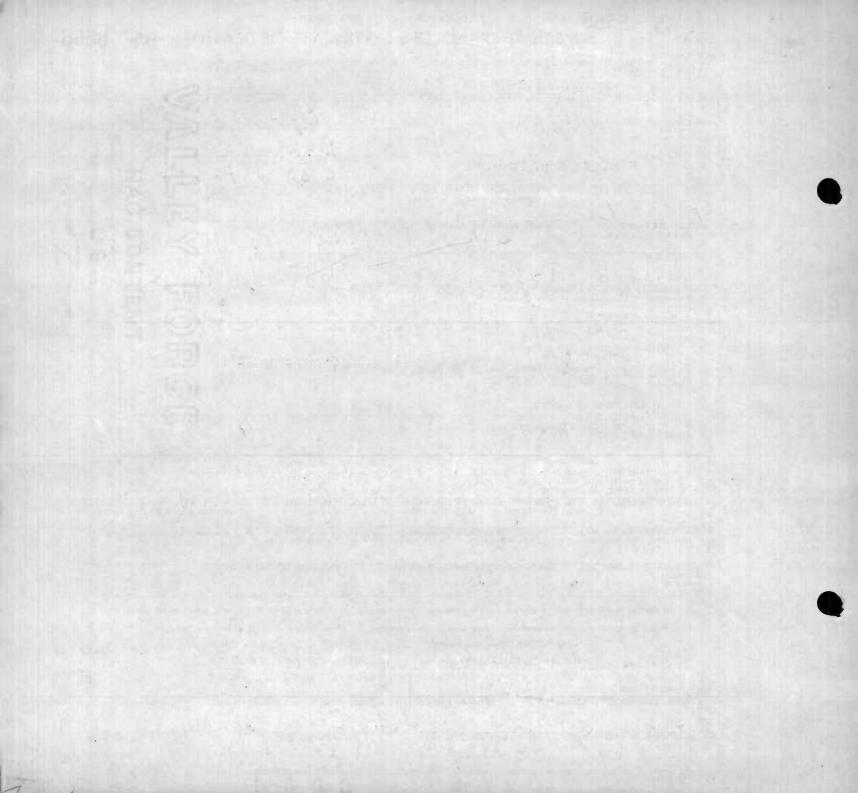


BALTIMORE CITY HEALTH DEPARTMENT

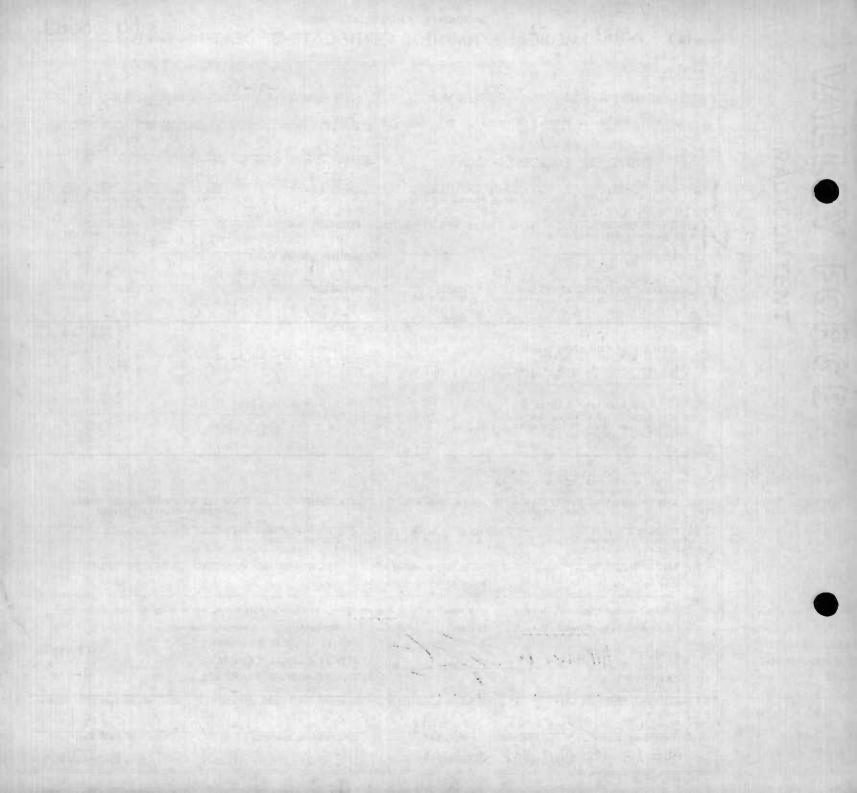


	65	8568		BALTIMORE CITY HEAL	TH DEPARTMEN	Т	
BIRTH	NO.	MED	DICAL EX	KAMINER'S CE	RTIFICAT	E OF DEATH Registe	·45·-8568
M.E.	CASE NO.						
1. NA	or Print)					2. DATE AND HOUR PRONOUNCE	
		Savoy T	OLLIVER			8/14/65	4.47 p _{M.}
3. PL	ACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived. If insti	itution: residence before odmission)
EIIII	NAME OF	(IE NOT IN HOSPI	TAL OF INSTIT	UTION, GIVE STREET	10	AI-V barrak	
HOSP	TUTION	ADDRESS OR LOC	NOITA	OHOIT, GIVE SIKEET	C. CITY OR TOW	N (Il/outside corporate limits, write	RURAL and give township)
	1011011				134	L+1140:00	1-1)
16		Franklin Sq	Hosp.		D. STREET ADDR		
					93	1 W- Trickle	: 50.
5. SEX	5	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost bi(thday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
1		1	WIDO WED,	DIVORCED(specify)		Tost bigitady/	Total in a boys i Hours Touris
10A, U	JSUAL OCC	UPATION (Give kind of w	ork TOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
done d	during most of	working life, even if relired		1/	FILL	· / 11). 114 ·	WHAT COUNTRY?
13. FA	THER'S NAM	A E		1800	14. MOTHER'S MA	AIDEN NAME	181-2-4
	Lamenty E	16 7	-11	*	4.	TIO	
15 14	2 = Ly	D EVER IN U.S. ARMI	0 661	16. SOCIAL	17. INFORMANT	Inide Moon	ADDRESS
		(If yes, give wor or do		SECURITY NO.	ITT INTO KINTAIN		7001110
1	NO						
18	. 5	7.0	311	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION I	DIRECTLY				
	(This does	LEADING TO DEAT		(A) Hemmo:	rrhagic pa	ncreatitis	
	he ort foilure	, osthenio, etc. It meo mplication which cause	ns the disease,	DUE TO			
		ANTECENDENT CAU		(B)		0	•••••••••
	RISE TO TH	OR CONDITIONS, IF	STATING THE	DUE TO			
7	UNDEKLI	NG CONDITION LAST	•	(C)			***************************************
CATION		il					
3		NIFICANT CONDITION			y metamorr	hosis of liver	
正		DEATH BUT NOT F		THE			
H 19	A. DATE O	OPERATION 198, CO		WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 208, IF YES, WERE FIL	
O	2	WAS PI	RFORMED		yes	IN CERTIFYING CAUS	ves
₹ 2°	A, EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. W	HERE DID (If in Boltimore City, gi	
		ISE OF DEATH.	etc.)		ince biogi, in Joki	OCCOR:	
	1D TIME	(Month) (Doy) (Ye	eor) (Hour)	TE. INJURY OCCURRED	21F. HC	W DID INJURY OCCUR?	
	APPROX.)			WHILE AT NOT N	WHILE		
2	2.			WORK AT W			
	I cer	tify that I held on	Inquiry	Inspection Aut	opsy X ond	that on this bosis, death in m	ny opinion
	resu	Ited from: Notwal a	ouses X	Accident Suicide	Homicia	de Undetermined manne	er 🗌
		1/11	4		CHIEF ME	DICAL EXAMINER	THE MOVED
	ACTUA		2000	ally "	ASSISTANT ME	EDICAL EXAMINER	DATE SIGNED
	SIGNAT	JED'S	(V) 000	5		EDICAL EXAMINER	8/15/65
	NAME (itenecke	er	AJJOUINIE IIII	ENTONE ENAMINATION	
	BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY .	CREMATORY	23D. LOCATION (City,	town, or county) (Stote)
12	OVAL (Special	1 6/ 10	1-17	MICHALDE	i Com	Butter	Mid.
24A.	DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
	AUG 1	8 1965 12 0	n O T	2 Dec M.A.	1 6	11/1-1	. i. is 1
		Upper	W 21 46	, 4	C.	Unlson /	OUS BIT-My 1m
VS 1.	51-REV. 1/1.	/65	1 64	1 1 13 3	~ 0 0	0 4	

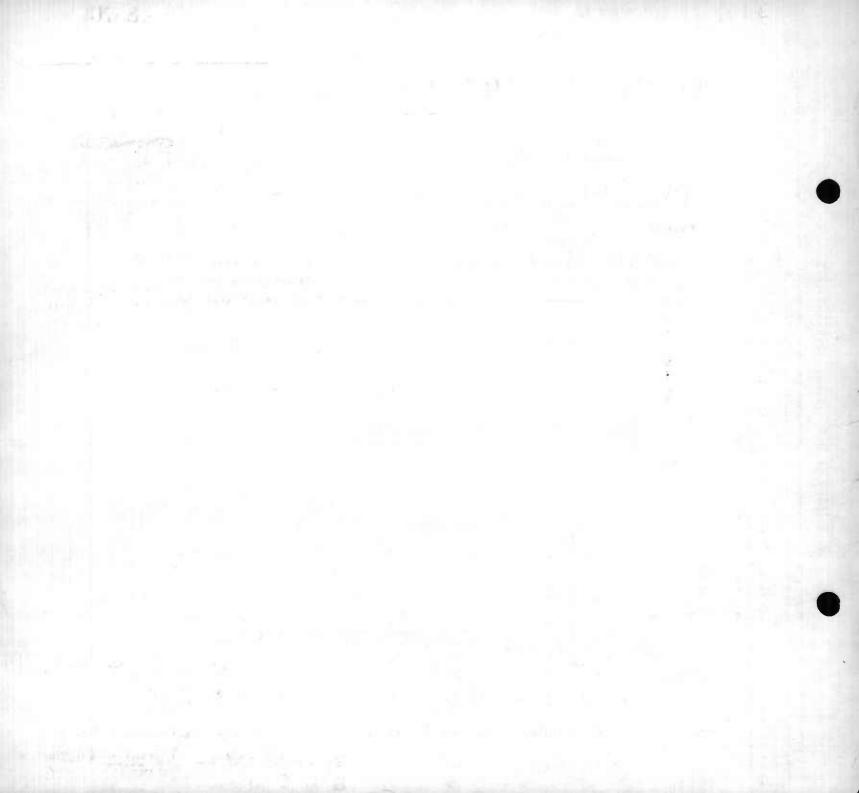
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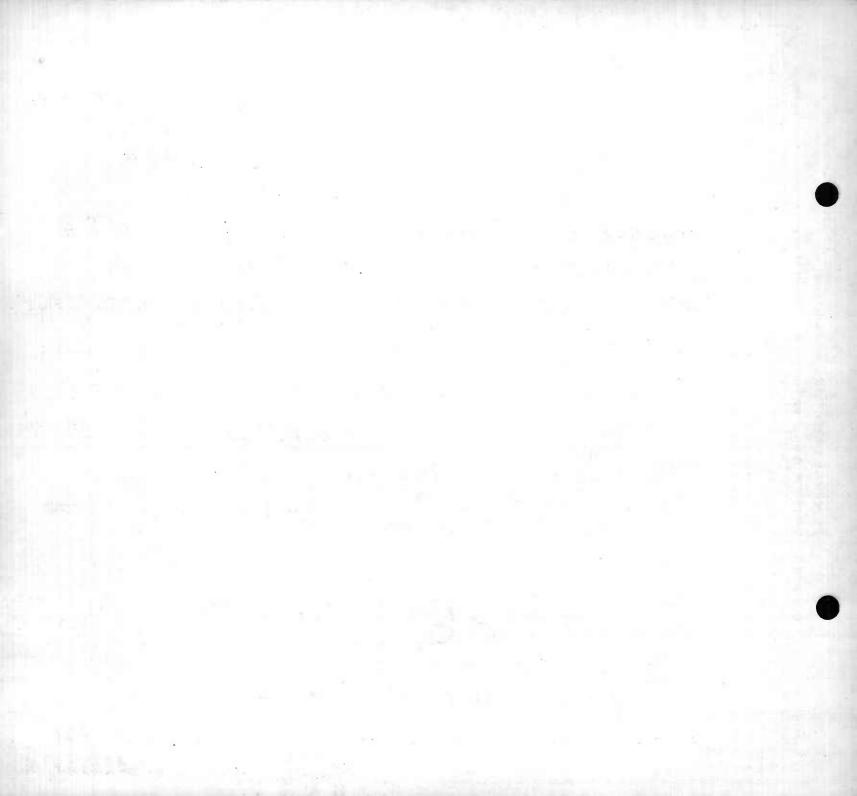


BIRTH NO.	9309 WEDI	CAL EXAMINER'S C	ERTIFICATE	OF DEATH Registe	ared No.
M.E. CASE NO.					
Type or Print)	CEASED		2. 0	DATE AND HOUR PRONOUNC	ED DEAD
2 81 4 65 111 8 41	DAVID	WHITE	III HELLAL BESIDENC	8-17-65	8:00 A M. titution: residence before admission)
3. PLACE IN BAL	IIMOKE MARILAND, W	HERE PRONOUNCED DEAD	A. STATE	B. COL	JNTY
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland c. city of town	(If outside corporate limits, parite	e RURAL and give township)
INSTITUTION	ADDRESS OR LOCA			15	man by man
T P	ROVIDENT HOSE	PTTAT DOA	Baltimore D. STREET ADDRESS	(If rural, give location)	90
1	KOVIDENI HODI	THIE DOIL		sbury Street	
5. SEX	6. RACE	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
Male	Colored	WIDOWED, DIVORCED(specify)	Feb. 17-	lost birthdoy)	Months Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of work	108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF
().	working life, even if retired)	h1 - 0	RAIT.	Md.	WHAT COUNTRY?
13, FATHER'S NAM	AE /	Wate	14. MOTHER'S MAID	EN NAME	1 1 3 7 7
Ene	eddie W	hite	11/14	Callerent	
	ED EVER IN U.S. ARMED		17. INFORMANT	7/10	ADDRESS
AJO	(If yes, give wor or dote	s of service) SECORITI NO.	Freddi	. White	SAME.
1B.		CAUSE	OF DEATH	2 1011111	INTERVAL BETWEEN
DISEA	I CONCOUNTION DI				ONSET AND DEATH
	SE OR CONDITION DE	(A)	Interstitia	al pneumonitis	
heort foilure	not mean the mode of , osthenio, etc. It means	the disease,			
injury or co	mplication which caused	deoth.)			
	ANTECENDENT CAUSE	(B)			
RISE TO TH	OR CONDITIONS, IF A	NY, GIVING DUE TO			
	NG CONDITION LAST.	(C)		00 000 00 00 00 00 00 00 00 00 00 00 00	
<u> </u>	П				
OTHER SIG	NIFICANT CONDITIONS				
	DEATH BUT NOT REI		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************	
19A. DATE O	F OPERATION 198, CON WAS PER	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING CAU	
	AL CAUSE WAS		Yes	Yes	
UNDERLYING	OR CONTRIB-	home, form, foctory, street,	office bldg., INJURY OC	RE DID (If in Boltimore City, gi	ive exect locotion)
<u> </u>	JSE OF DEATH.				
OF INJURY	(Month) (Doy) (Year			DID INJURY OCCUR?	
(APPROX.)		m. WHILE AT NOT	ORK		
22.	tify that I held on I	nquiry Inspection Au	tapsy and the	at an this basis, death in s	my apinian
resu	Ited fram: Natural ca			Undetermined mann	er 🗌
				CAL EXAMINER	
ACTUA		N. 6 - 6	ASSISTANT MEDI	CAL EXAMINER	DATE SIGNED
SIGNAT		M.D	•	ICAL EXAMINER	8-17-65
NAME (Type) WERNER U	J. SPITZ, M.D.			
23A, BURIAL CRI REMOVAL (Special		23C. NAME of CEMETERY	OF CREMATORY	23D. LOCATION (City	, town, or county) (State)
Burin	Ch 20	-65 / SALTO N	at , Cem	Balti more	Jud.
24A. DATE REC'D	BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL C		ADDRESS
AUG	1 8 1965 (20,	eb E. Farber A.A	60	Waloni	1000 Browtley Au
VS 151-REV. 1/1.		1 5 62 %		7 [7]	1000

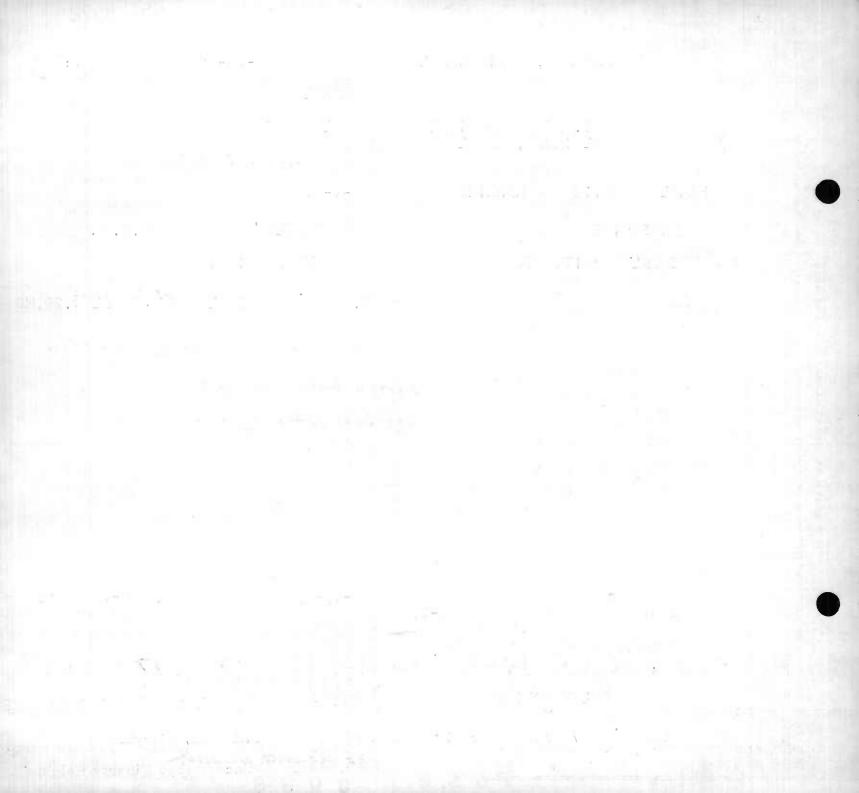


BALTIMORE CITY HEALTH DEPARTMENT

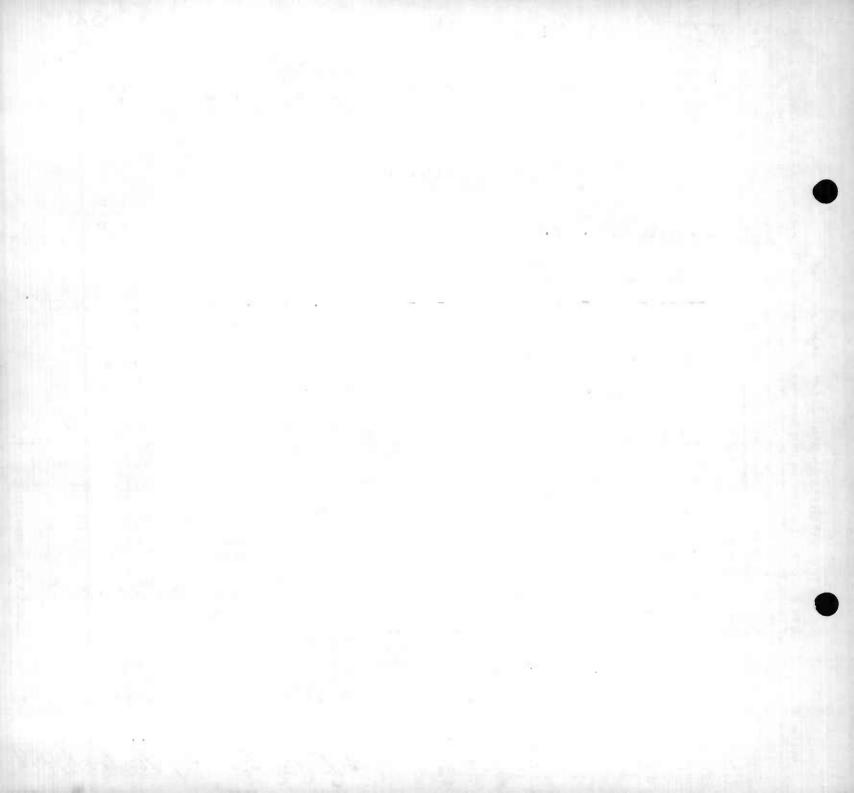




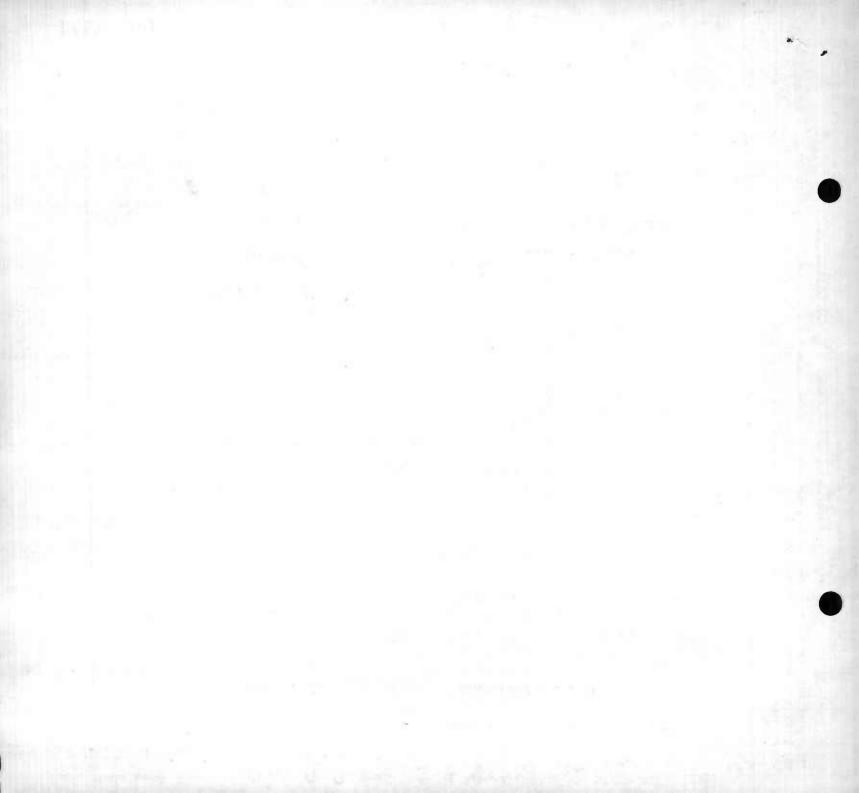
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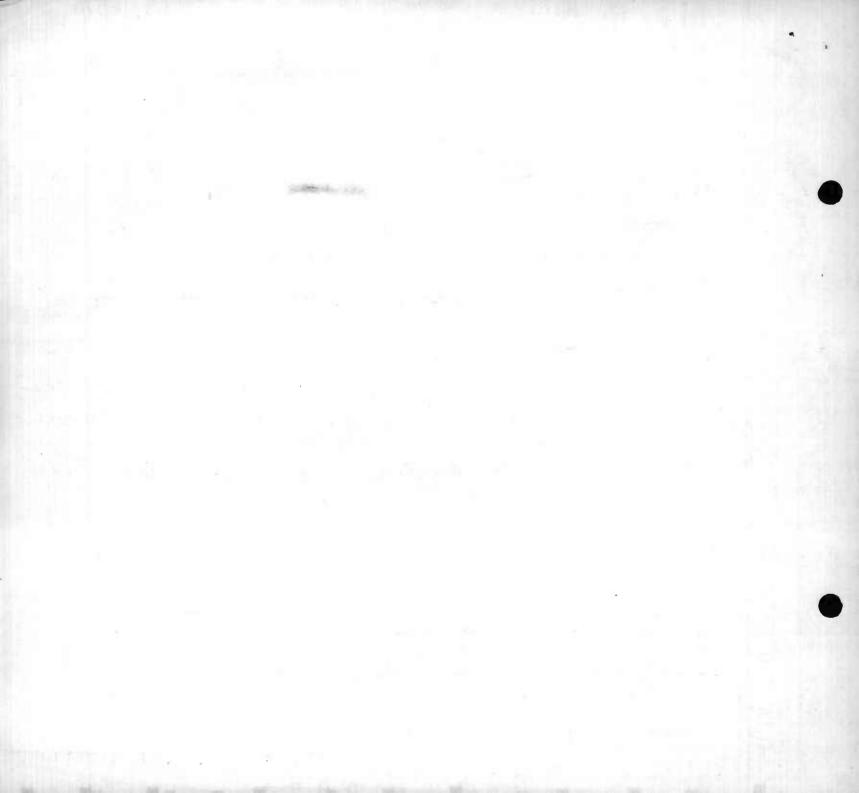


VS 150-REV, 1/1/65



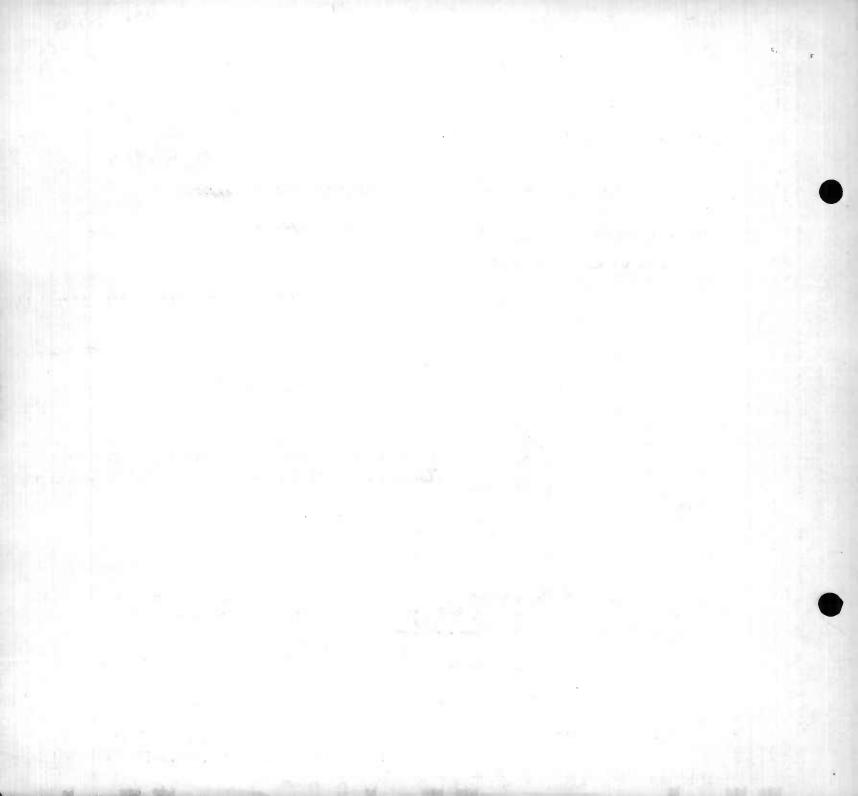
VS 150-REV. 1/1/65





2. DATE AND HOUR OF DEATH	830
4. USUAL RESIDENCE (Where deceased lived, If ins	titutian: residence before adm
MDe C. CITY OR TOWN (If outside city limits, write R)	URAL and give township)
D. STREET ADDRESS (If rural, give location) 28.39 W. (OCD S	DRING CAME
8. DATE OF BIRTH 9. AGE (In years lost bidhdov)	If Under 1 Yr. If Under Months Doys Hours
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LITHUANIA	USA
4. MOTHERS MAIDEN NAME	
Toby GITTEL?	
17. INFORMANT	ADDRESS
MISS CECELIA BEBCHICK 283	9 W COLD SPRING
F DEATH	INTERVAL BETWEE
	ONSET AND DEA
DEPTICEMIA	?12 hrs
	24 hrs
PNEUMONIA	24 hrs

***************************************	*************************************
ILUM CELL SARCOMA	8 HOW.
20A. AUTOPSY (Yes or No.) 208. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
n or obout 21C. WHERE DID (If in Boltimore ffice bidg., INJURY OCCUR?	City, give exact location)
215 404/ 212 2142	
21F. HOW DID INJURY OCCUR?	
8-7 1965 10	5 - 16 19
ond that In (aur) opin	ion deoth occurred on t
view the body ofter deoth.	DATE SIGNED
ending Med. Stoff Phys.	8-16-65
SINIAI HOSPIT	-A1
EMATORY 24D. LOCATION (City	y, town, or county) (!
POSEDALE MA	RVIAND
	8-16-65 4. USUAL RESIDENCE (Where deceased lived, If ins B. COUNTY A. STATE C. CITY OR TOWN (If outside city limits, write R D. STREET ADDRESS (If rural, give location) 2839 W. COCD SA B. DATE OF BIRTH P. AGE (in years Rost birthdow) 11. BIRTHPLACE (State or foreign country) LITHUMNIA 4. MOTHER'S MAIDEN NAME TOBY GITTEL 17. INFORMANT MISS CECELIA BEBCHICK 283 F DEATH SEPTICEMIA PNEUMONIA 20A. AUTOPSY! (Yes or No!) 20B. IF YES, WERE F IN CERTIFYING CAU LUM CELL SARCOMA LUM CELL SARCOMA LUM CELL SARCOMA LOCYTOPENIA 20A. AUTOPSY! (Yes or No!) 20B. IF YES, WERE F IN CERTIFYING CAU In or obout 21C. WHERE DID Iffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 223D. ADDRESS AMAI HOSPIT



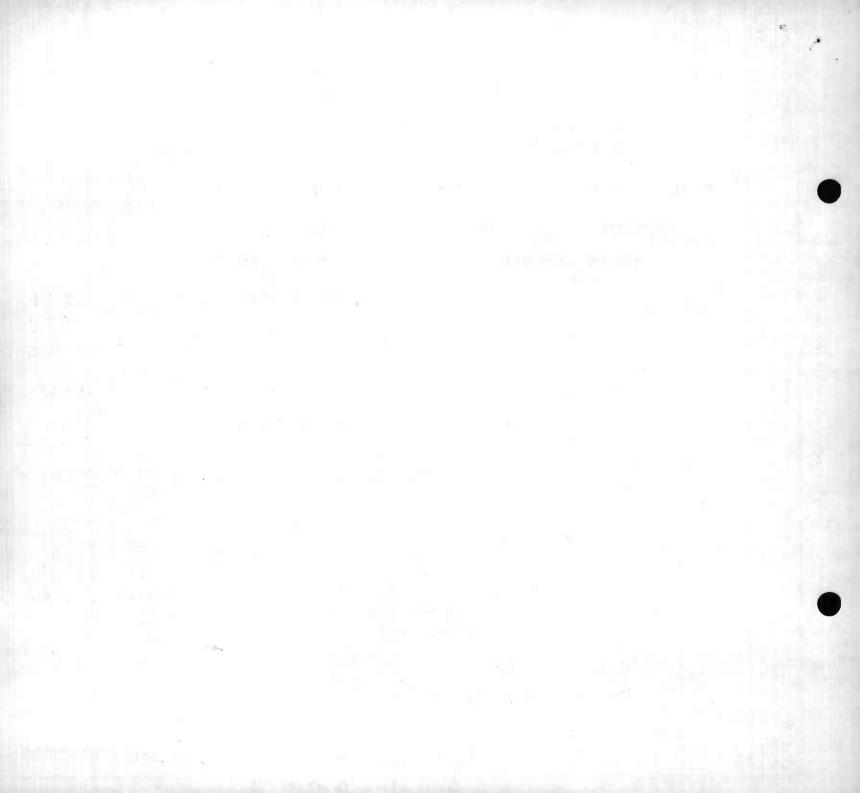
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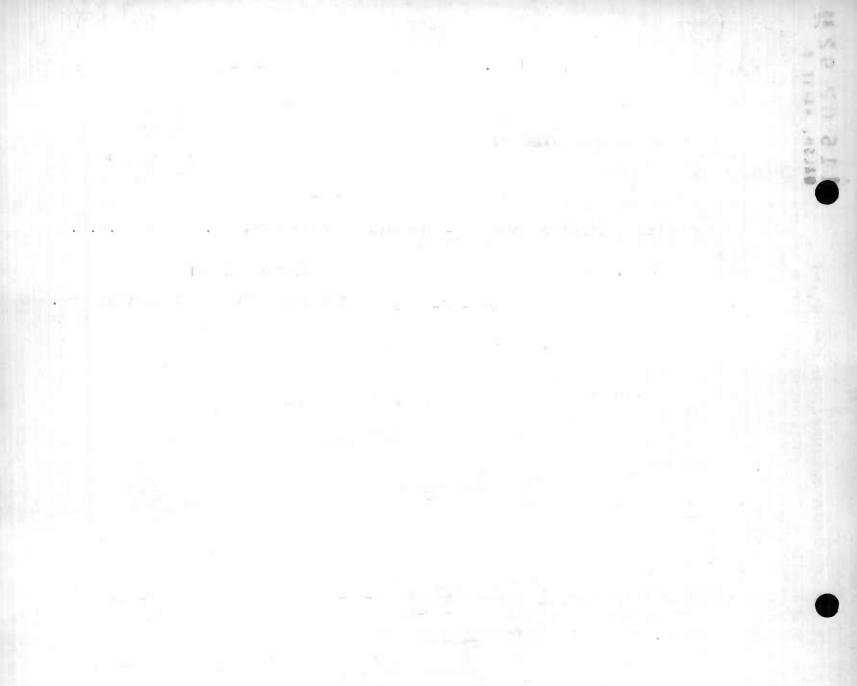
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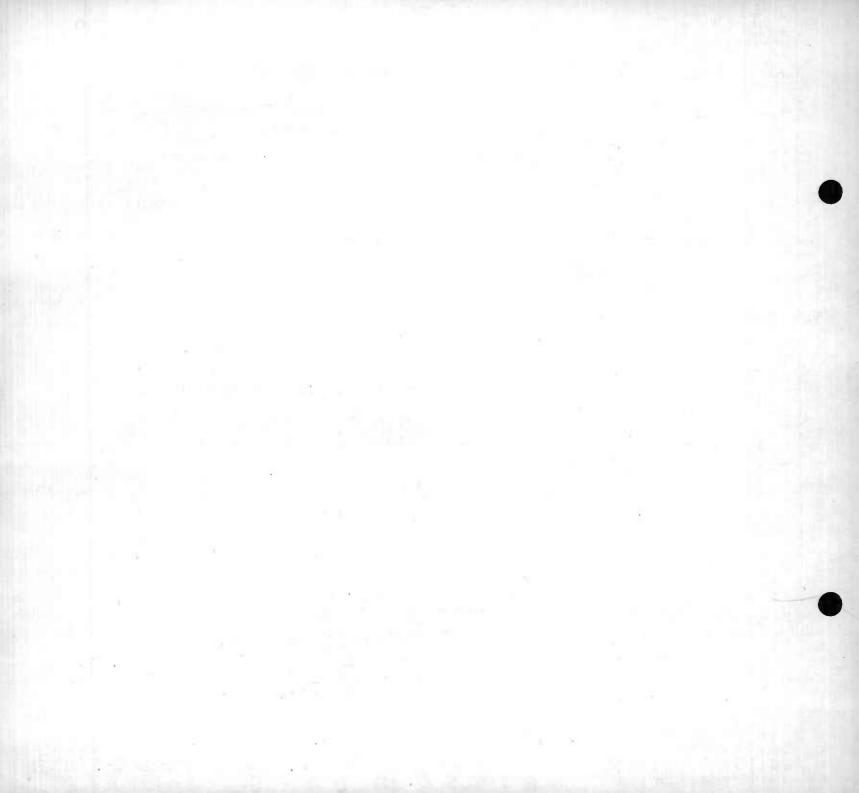
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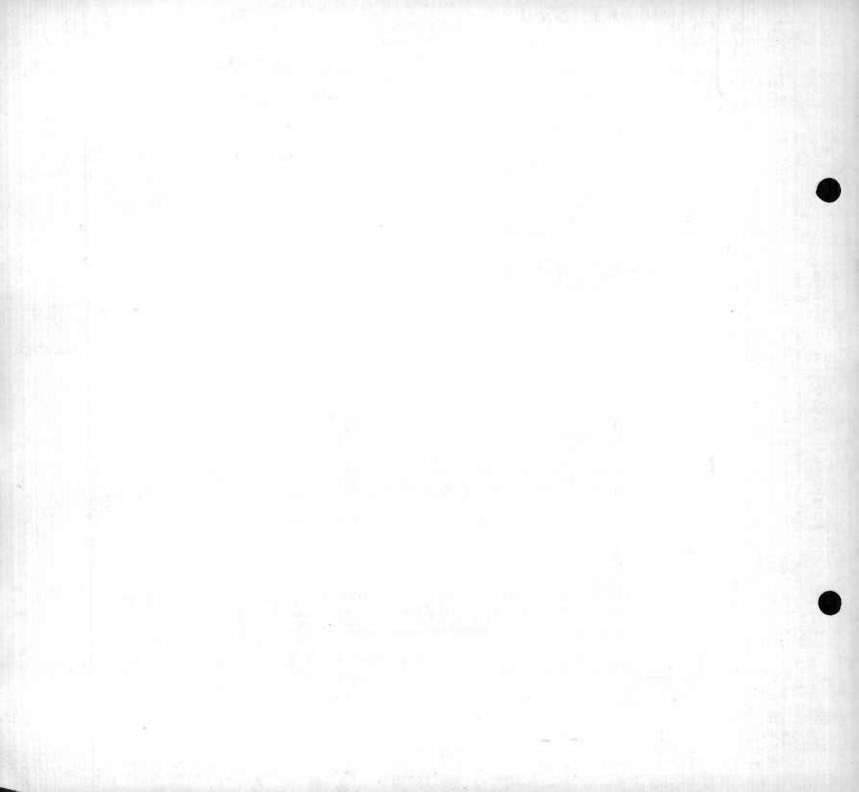
FUNERAL

VS 150-REV, 1/1/65









0.04	BALTIMORE CITY H	EALTH DEPARTMENT	1			
SOMEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Regis	stered Ne.5	8581

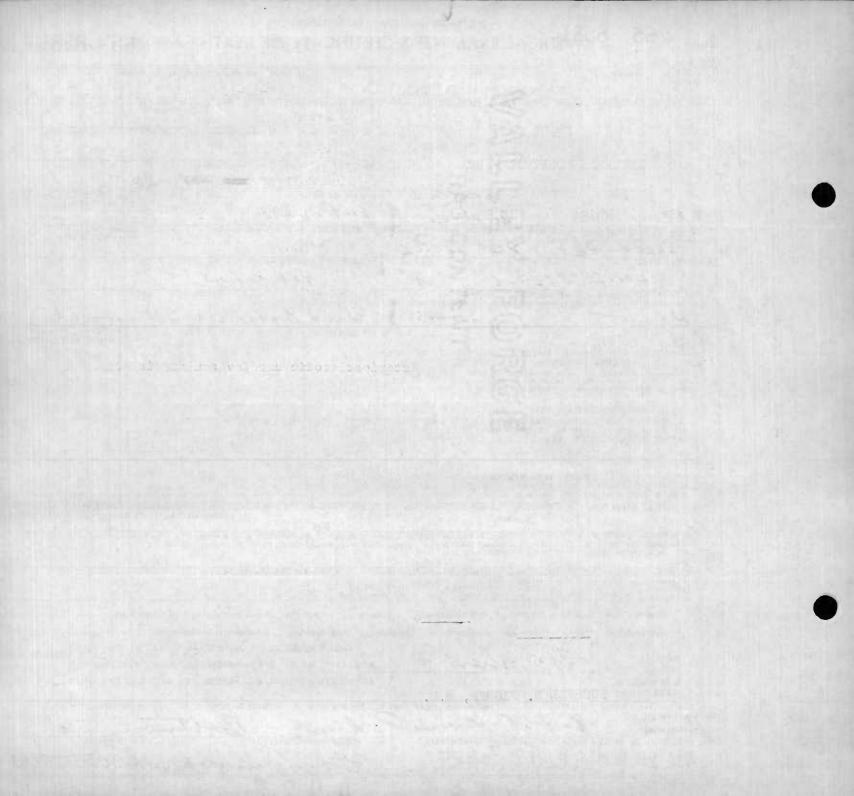
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
FREDERICK STEHLE	8-15-65 8:30 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	Maryland 8. Cookit
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
NOITUTION	Polledware 434/A
LUTHERAN HOSPITAL - DOA	Baltimore D. STREET ADDRESS (If rurol, give locotion)
ACCOUNTS TO SELECT DOOR	6103 Collins New WAY RD.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1
WIDO WED, DIVORCED (specify)	last high day Months, Days, House Min
Male White Widowed	JULY 29,1873 92
10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CLERK-RET. POST OFFICE	MD.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LOUIS STEHLE	not Know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No - 220-44-6259	Edward Gross - 6103 Callensivery Rd.
IB. J. J. J. CAÚSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	riosclerotic cardiovascular disease
(This does not mean the mode of dying, e.g., bear failure, asthenia, etc. It means the disease.	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
M 19A, DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.,	in or chout 21 C. WHERE DID. (If in Boltimore City, give exact location)
ZIA, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE
m. WORK AT W	ORK []
	tapsy and that on this basis, death In my opinian
resulted fram: Natural causes X Accident Suicid	le Hamicide Undetermined manner
2/1/	CHIEF MEDICAL EXAMINER -
ACTUAL Sold marker	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8-16-65
NAME (Type) RUSSELL S. FISHER M.D.	er CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specily)	or CREMATORI 230. LOCATION (City, town, or county)
Build 8-18-65 dayone 5.	The Cim Ballemen nel

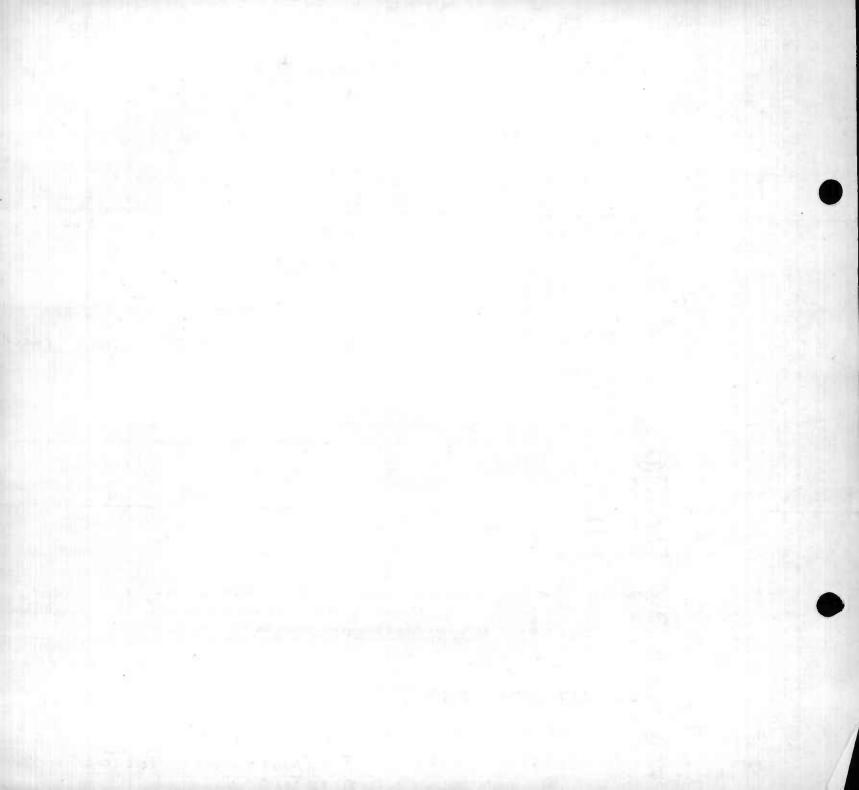
AUG 19 1965 Robert & January 1965 24A. DATE REC'D BY HEALTH DEPT.

24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

ADDRESS





LEMMON 4611 PARK HEIGHTS AVE.

Was

70

BIRTH NO.

ance deat

attend

0

M.E. CASE NO. I NAME OF DECEASED

> FULL NAME OF HOSPITAL OR

INSTITUTION

FEMALE

UNKNOWA

CERTIFICATION

MEDIC,

OF INJURY

23A, SIGNATURE

23 C. PHYSICIAN'S

VS 150-REV. 1/1/65

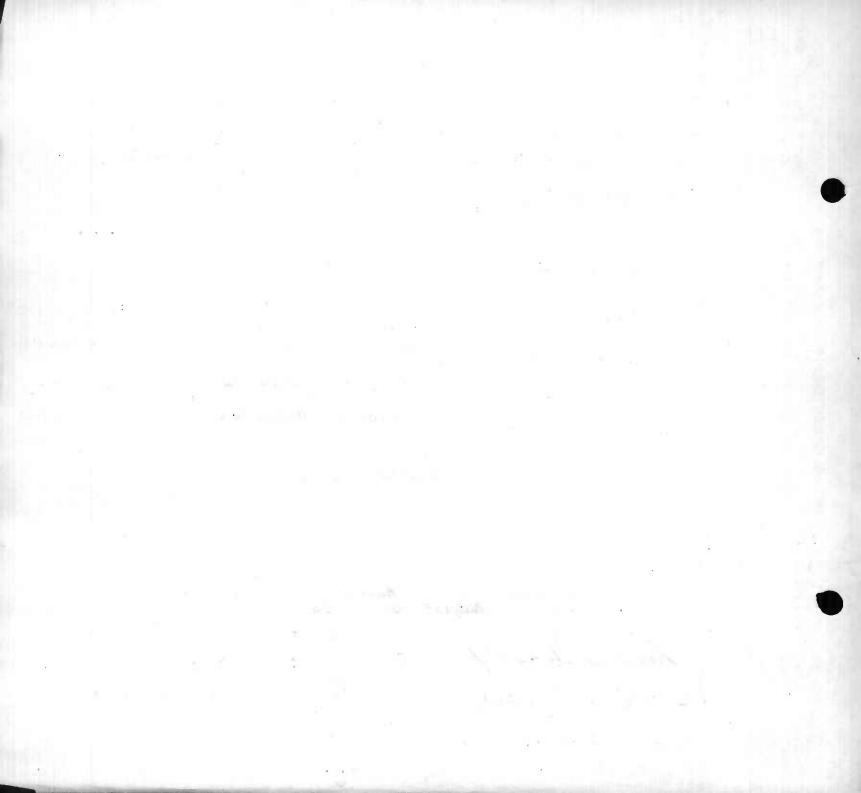
NAME (Type)

REMOVAL (Specify)

(APPROX.)

П

(Type or Print)



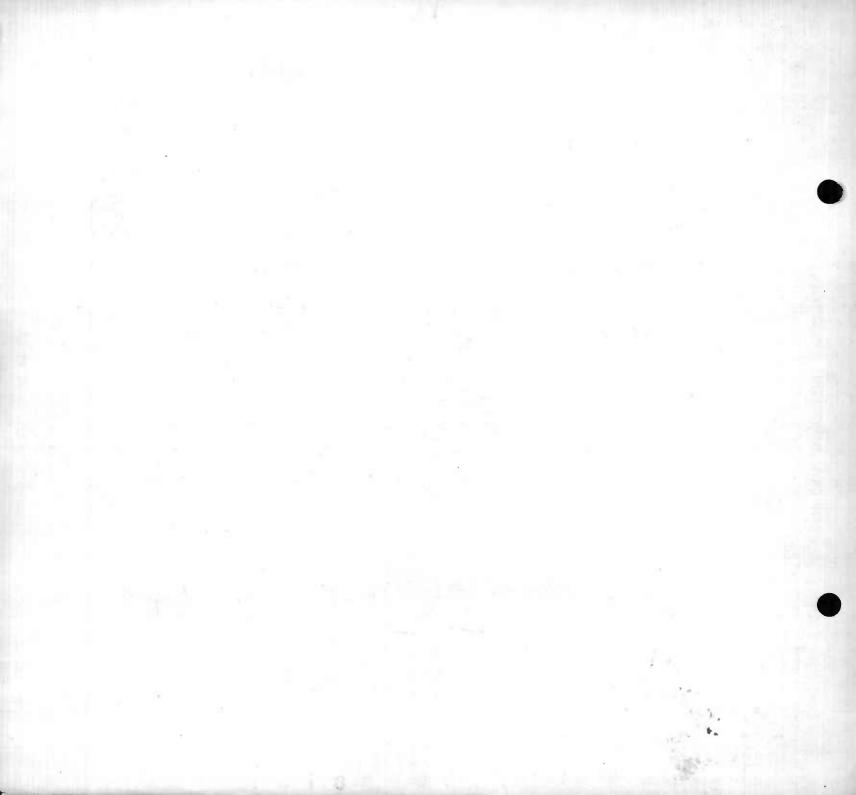
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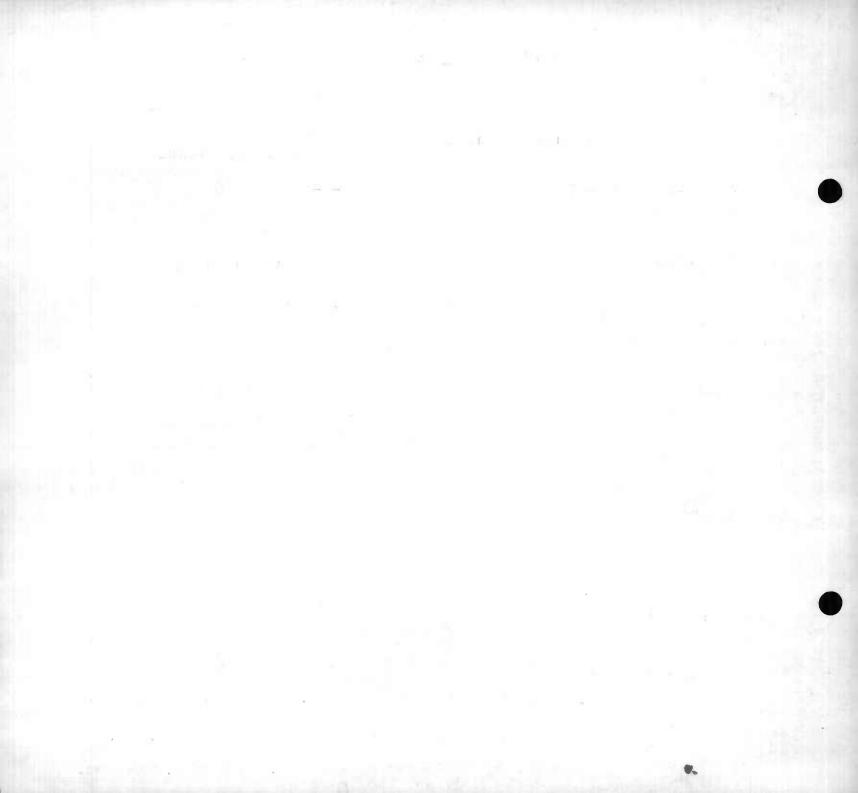
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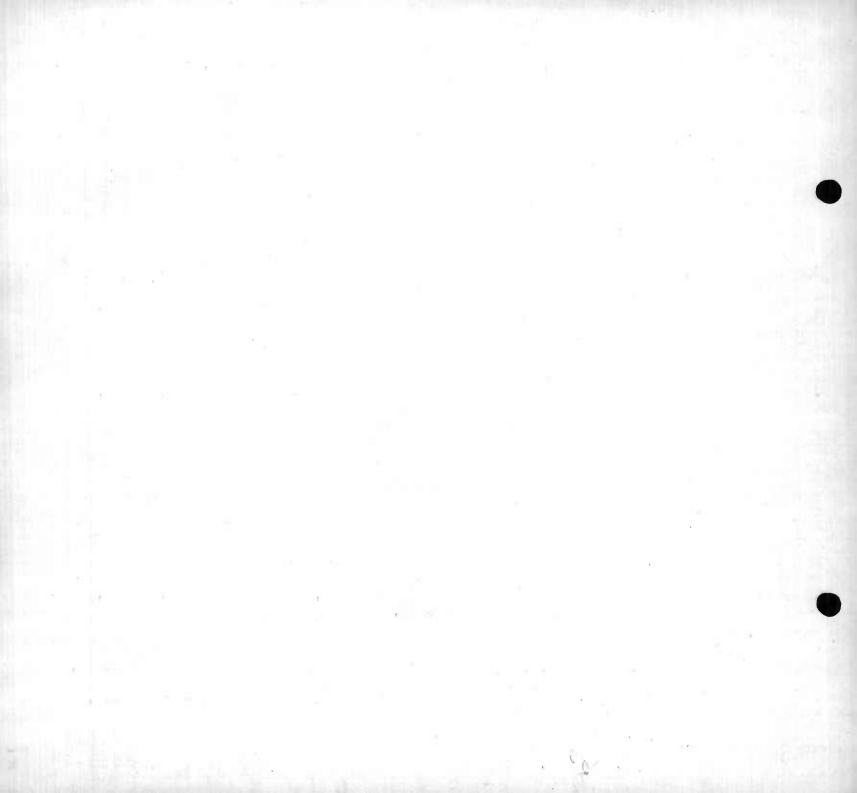
BIRTH N	10.	WEDI	CALEX	CAMINER'S CI	EKTIFICA	IE OF	DEATH Registe	red Na	
_	ASE NO.						X		
1. NAN	TE OF DEC	CEASED		5/10 10 10 10 10		2. DATE AN	D HOUR PRONOUNC	ED DEAD	
		FRANCES				Augus	t 12, 1965		:00 P. N
3. PLAC	E IN BALT	MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	DEN CE (Where	deceased lived. If inst B. COU	itution: residence I NTY	before odmissio
FULL N	AME OF	(IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET		ryland		harles	1.
HOSPITA	AL OR TION	ADDRESS OR LOCA			C. CITY OR TO	WN (It outsid	e corporate limits, write		
- 00						. Victo		8-0	0
3.50		Mankakakan	. TT		D. STREET ADD	RESS (If rurol,	give location)		
1		Montebell						1	H
5. SEX		6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In years lost birthday)		r, If Under 24 Hr s , Hours , Min.
	ale	Negro			1-25-26		39		
		JPATION (Give kind of work working life, even if retired)	TOB. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	gn country)	12. CITIZEN O	
Но	useho	ld Help			Marylar	nd		U.S.A	
13. FATH	IER'S NAN	NE .			14. MOTHER'S N	ALDEN NAM	E		
Mo	ses F	ord			Buth Gr	2008		Mary	l and
15. WAS	DECEASE	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	Ruth Gr	V38		ADDRESS	
1 63, 110	01 011K110411	yes, give wor or one	s or selvicer	JEGOMIII NO.	Hoenits	1 Recor	de		
118.	-01	11. 7		CALLSE	OF DEATH	T 10001	us .	INT	ERVAL BETWEEN
1	= 76				or burn.			ONS	SET AND DEATH
	DISEA	SE OR CONDITION DIS LEADING TO DEATH	RECTLY	Combi	a and a				
1 (This does	not mean the made of	dying, e.g.,	(A) Septi	Centa		000010000001101111111111111111111111111		
ii	njury or co	osthenio, etc. It means mplication which coused a	deoth.)						
		ANTECENDENT CAUSE	· ·	W.7.4.2	There are some	A . A . A	1. 1.1.1		
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) MULTI	ple infec	ted dec	ubiti		
		E ABOVE CAUSE (A) ST	ATING THE	0		due to	gunshot wou	ind	
				(c) Spast	ic parapi	egia se	c. to cord	injury	
CERTIFICATION 1991				Water to the		HE THE			
3 F		NIFICANT CONDITIONS DEATH BUT NOT REL						7 4 7 7 7	
= 0	DISEASE O	R CONDITION CAUSING	IT.	***************************************					
哥 19A.	DATE OF	OPERATION 198, CON		WHICH OPERATION			IN CERTIFYING CAU		
	PURPALIA					0			
OUND	PERLYING	CAUSE WAS OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street, o	ffice bldg., INJUR	Y OCCUR?	Ut in Boltimore City, gi	ve exact locatio	n)
NIL STE	1G L CAU	SE OF DEATH.	etc.)	Home		Mt. Vic	toria		
12.0	TIME	(Month) (Doy) (Year	Hour) 2	TE. INJURY OCCURRED		OM DID INT	JRY OCCUR?		
(AP	PROX.)	5 31 62	- V	WHILE AT NOT	WHILE S	hot dur	ing alterca	tion	
22.			-	VOKE AT W				1	
	l cer	tify that I held an li	nquiry	Inspection Aut	apsy an	d that an th	is basis, death in n	ny apinian	
	resul	ted from: Natural cou	ses A	Accident Suicid	e Homic	ide 🗙	Undetermined mann	er	
		n,	1 0		CHIEF	EDICAL EX	CAMINER _	0	ATE SIGNED
	SIGNAT	LIBE OVER	whe	N.D.	ASSISTANT M	EDICAL EX	CAMINER -		/ /
	EXAMIN	0112		ma Da	ASSOCIATE A			8	115/65
	NAME (Type)						-	1.0103
	RIAL CRE		23	C. NAME of CEMETERY of	CREMATORY	23 D. L	OCATION (City,	, town, or county	(Stote)
		0	6E 1	Holy Chost Ca	tholic Ch	urch T	ssue Ch	narles Co	o. Md.
24A. DA	ATE REC'D	BY HEALTH DEPT	248 NAME	OF DEGISTERD IN	24C FIINES	AL DIRECTOR		ADDR	ESS
		AUG 19 1965	Pole	BE Farley MD	Georg	ge W. T	ittle	Rel Aim	Ma
					Geor	20 M. T	TOOTE	Bel Air	Pat.

DGPC COME TO STORY proper from or true attitutement that add Participal to the Control of Courts The third with the property of the party and

BIRTH NO.	65 8585	CERTIFICA	ATE OF DEATH	Registered No.	0000
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN	Niel CAUL	6	8/6	efe deceased lived. If in	nstitution: residence before admi
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institut address or location)	ion, give street	MARYLAND c. city or town if o) utside city_limits, write	RURAL and give township)
3 JOHNS	HOPKINS HOSE	PITAL	D. STREET ADDRESS (IF	YONNE AVE.	
5. SEX 6. RAG	W WIDO	NED, NEVER MARRIED DWED, DIVORCED (specify)	March 14, 1891	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2 Months Doys Hours A
done during most of working Carpenter	ON (Give kind of work 108, KINI g lite, even if retired)	O OF BUSINESS OR INDUSTR	Maryland.	eign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Daniel 0.	Caulk		Gertrude F.		
15. Was Deceased Ever i		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. M.G. Wilso		ADDRESS
LEAD	CONDITION DIRECTLY	CAUSE OF CAUSE	OF DEATHLERGIC THE PEACHON		INTERVAL BETWEEN
hearl foilure, osther injury ar camplicoli	ean the made of dying, nia, etc. It means the dise ian which coused death.) CEDENT CAUSES	AT SOLD TA	king Several	s dugs	
rise to the abo		I EICAM			
E TO THE DEATH			brow clifts +		FINDINGS CONSIDERED
OR CONTRIBUTING	WAS PERFORMED AS UNDERLYING CAUSE OF col exominer)	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
21D. TIME (Mon'	th) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While At Not Wh Wark At Work		JURY OCCUR?	
that 🏈 (we) lost s	saw the deceased alive	- [1 0]	19 65 ond 1		g. 6 19 (
ond hour ond from 23A. SIGNATURE	Develu	M.D. At	tending Med. Director	Stoff Phy s.	8/16/65
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATIO REMOVAL (Specify) Burial 25A. DATE REC'D BY HE	DENCEY III DN 24B DATE 241	M.D.	- 10 MO2	Hopkins 10	HODIAL (St., town, or dounty) (St.
Burial (Specify)	8/20/65	Moreland Park Co	emeterv Pa	rkville, Md.	
AUG 1 9 19	165 R.O. Be S	C OF REGISTRAR	Ullrich Funer		Delair Road.



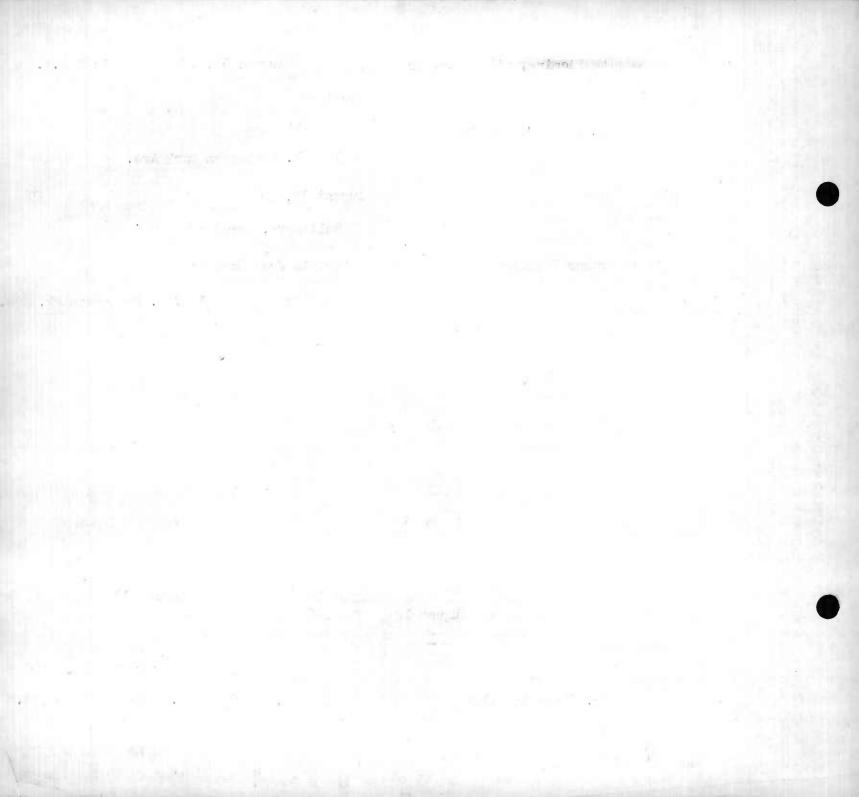




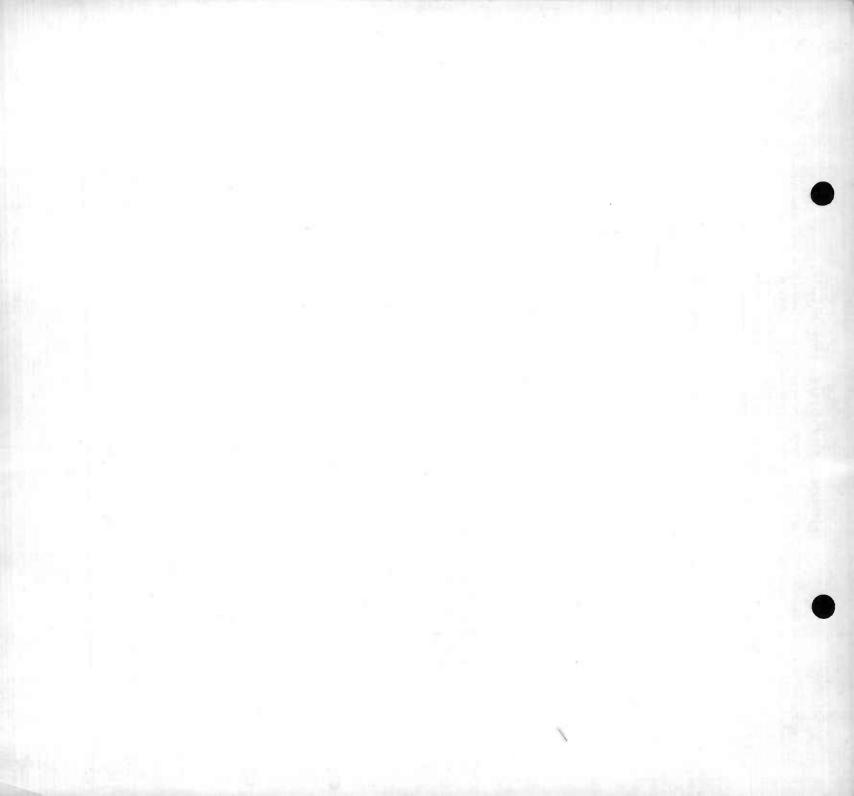
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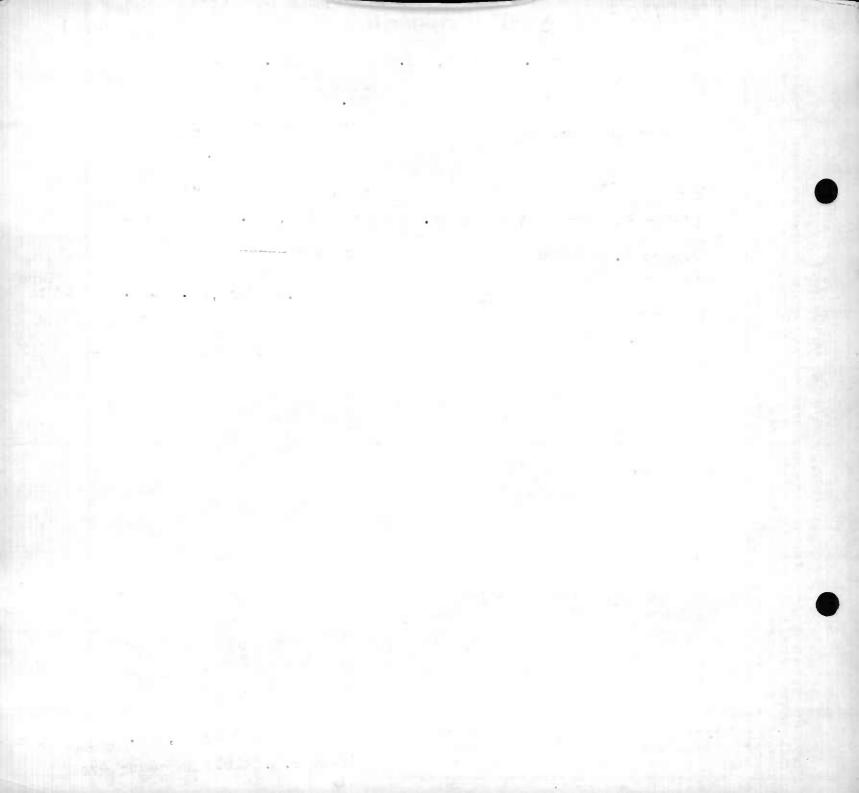
VS 150-REV, 1/1/65



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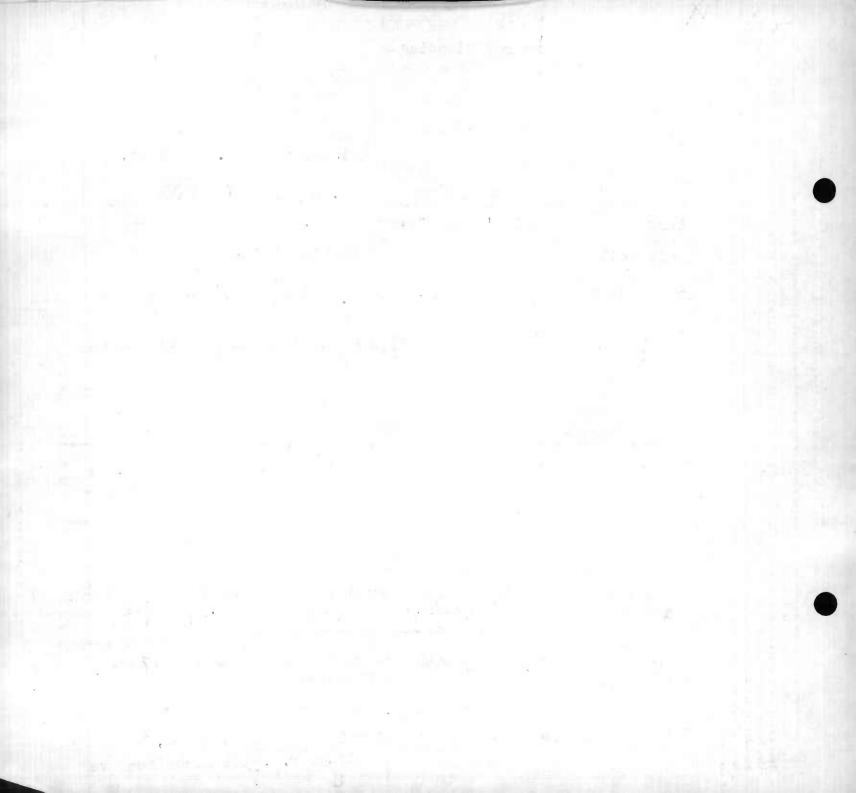


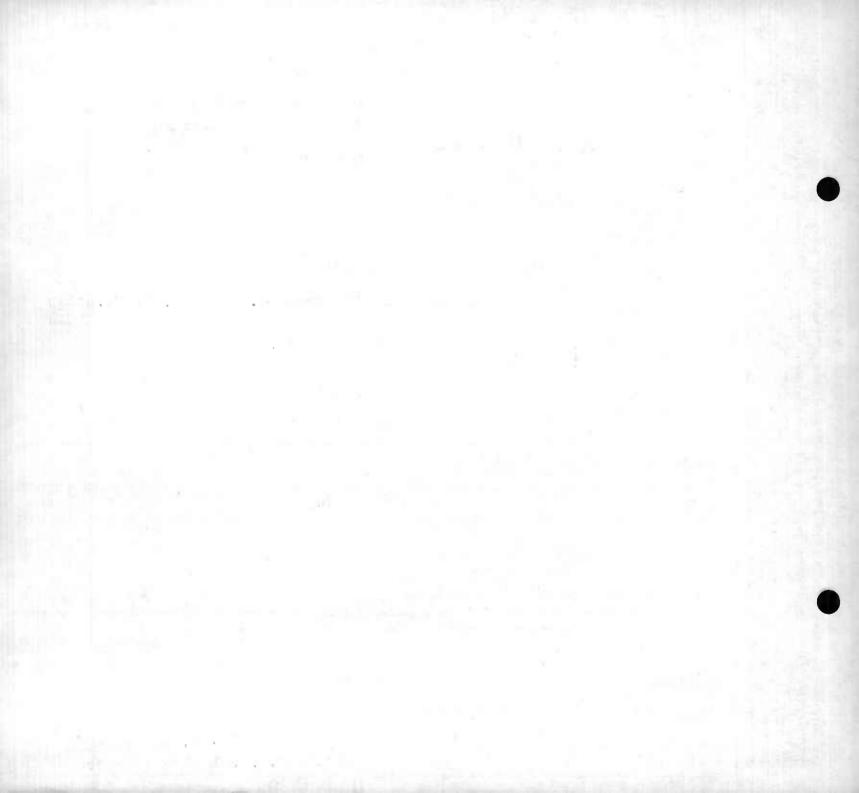
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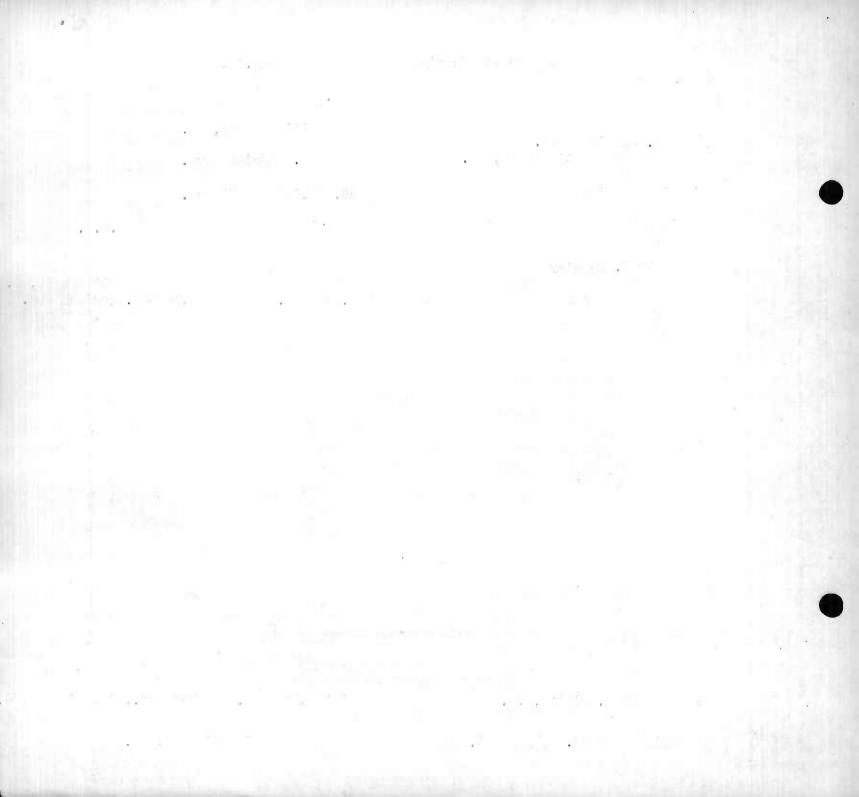


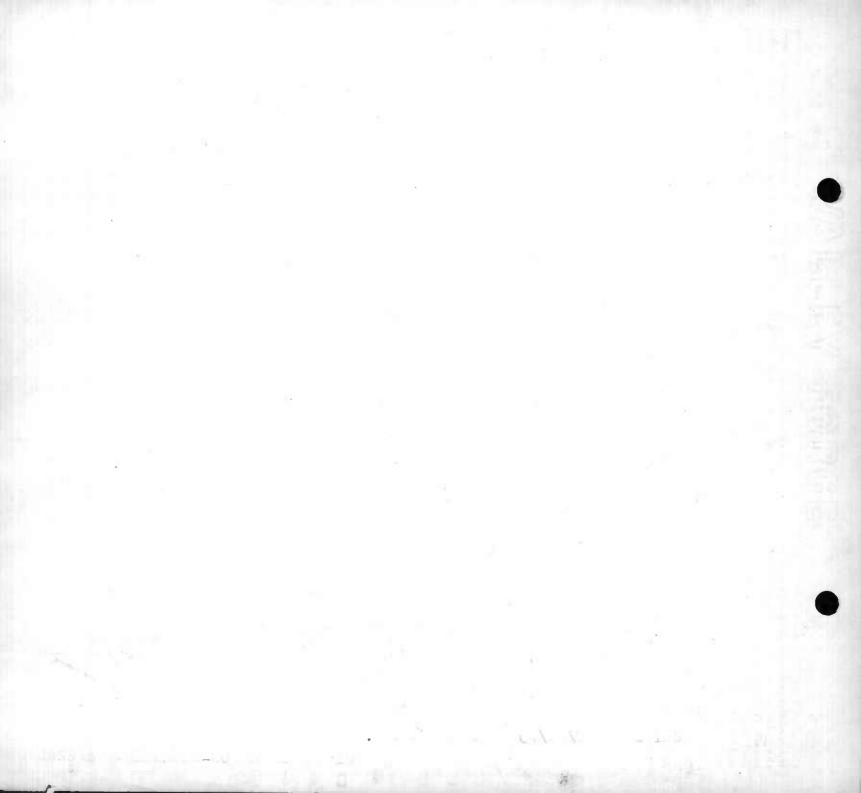
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FUNERAL DIRECTOR:

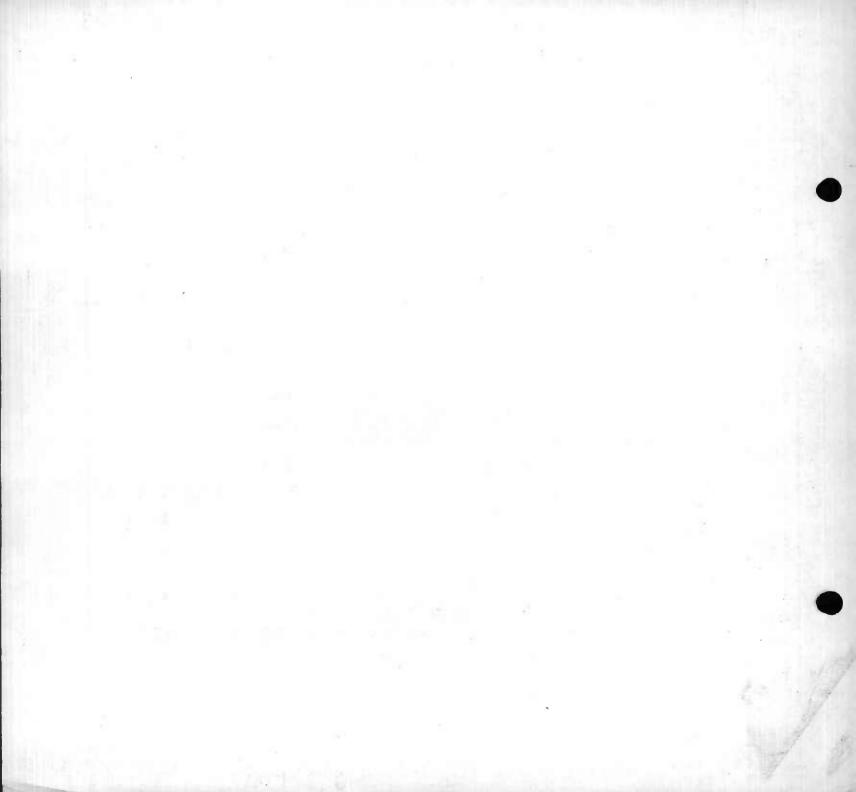




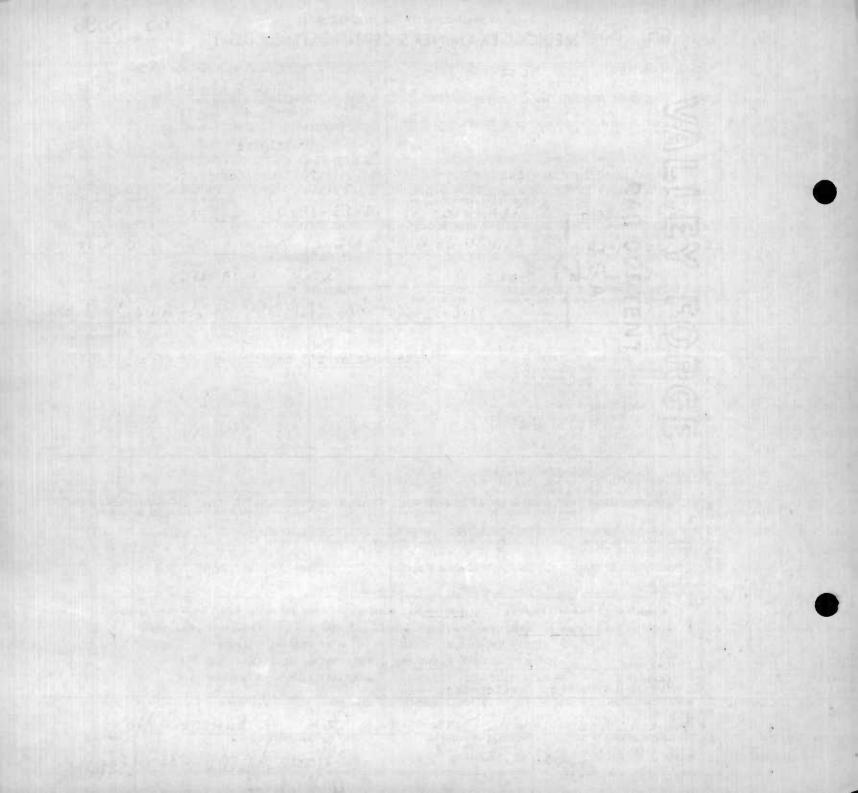




3.	ype or Print)	Edwar	AL PAL		vaiver	I A. STA	JAL RESIDENCE	-14-65 Where deceased lived, I		1.30 A M. e belore odmission)
	FULL NAME HOSPITAL O		in hospitol or in s or location)	nstitution, gr	ve street	c. cit		II outside city limits, wri	ite RURAL ond give	township)
3	THE	JOHNS E	OPKINS	HOSP	PITAL	D. STI	LTIMORE REET ADDRESS OO ORLE	(If rurol, give locotion) ANS STREET		
5.	SEX MALE	6. RACE WHITE		WIDOWED,	DOW CD	ily) 1-	25-92	9. AGE (In years lost bigthday)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
3 11	One during most	of working life, eve		B. KIND OF I	BUSINESS OR INC		MARYL	AUD	12. CITIZEN O	
odsip	_	SEPH TF		? 11	6. SOCIAL	M	ARY BEST		YAN	RESS
final	es, no or unkno	wn) (II yes, give	wor or dates of	f service)	SECURITY NO.	551 H	is- Helen E	. young - 24	100 Orle	. He am
mbalmed or	(This does	ASE OR COND LEADING TO not mean the	O DEATH made of dy	ing, e.g.,		evesto		Accident	ONSE	VAL BETWEEN TAND DEATH
m ba		omplication whi								
D		ANTECEDEN		om./	(B)	TO		000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	rise lo	ANTECEDENT OR CONDITI The above conditions	T CAUSES ONS, if any ause (A) sta	, giving		TO				
TO THE	UNDERLYI	OR CONDITI	T CAUSES ONS, if any ause (A) sta N last. DITIONS CON	, giving bling the						
OIT A	OTHER SIGNOTHER	OR CONDITIONS OF OPERATION	T CAUSES ONS, if ony ouse (A) sto N lost. DITIONS CON NOT RELATER CAUSING IT. 198. CONDIT WAS PERFOR	, giving pling the	(C)	¥ [20A	- AUTOPSY? (Yes	or No) 208. IF YES, WE	RE FINDINGS CON CAUSES OF DEATH	1?
City Distance in	OTHER SIGN TO THE DISEASE CO. 19A. DATE 21A. ACCIE OR CONTR. DEATH (no.	OR CONDITI THE above of CONDITION TO CONDITI	T CAUSES ONS, if any ause (A) sta use (A) sta lost. DITIONS CON NOT RELATED CAUSING IT. 198. CONDIT WAS PERFOR	, giving pling the	(C)	¥ [20A		or No) 208. IF YES, WE	RE FINDINGS CON	1?
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be obtained before the remains are e	OTHER SIGN TO THE DISEASE CO. 19A. DATE DISEASE CO. 19A. DATE DISEASE CO. 19A. DATE DEATH OF INJURY (APPROX.) 22. I certithat (1) (w.	OR CONDITION THE ABOVE CONG CONDITION III NIFICANT CONDITION DEATH BUT R CONDITION OF OPERATION DENT WAS UND BUTING CAU ily medicol exon (Month) (D	T CAUSES ONS, if any ause (A) standard (A) s	ITRIBUTING TO THE ON FOR WIMED 218. P home, etc.) Hour) 21E. I While Work	HICH OPERATION PLACE OF INJURY FORM, form, foctory, standard of the control of th	Y (e.g., in or oboline), office bldg	21C. WHERE DINJURY OCCU	or No) 208. IF YES, WE IN CERTIFYING O INJURY OCCUR? 19 5 ta	RE FINDINGS CON CAUSES OF DEATH	17 († locotion)
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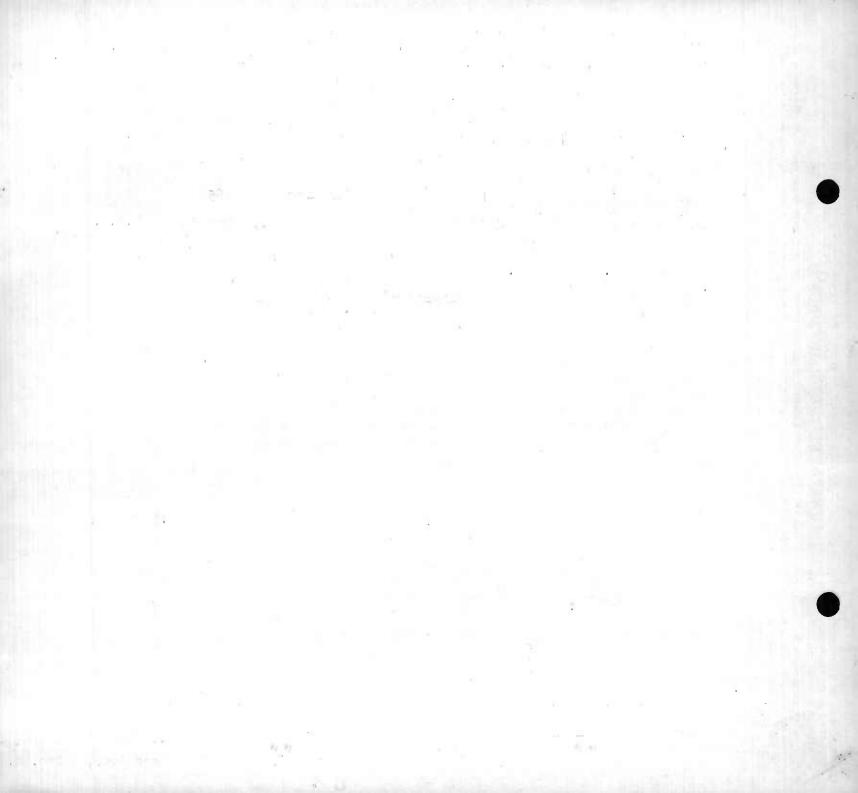


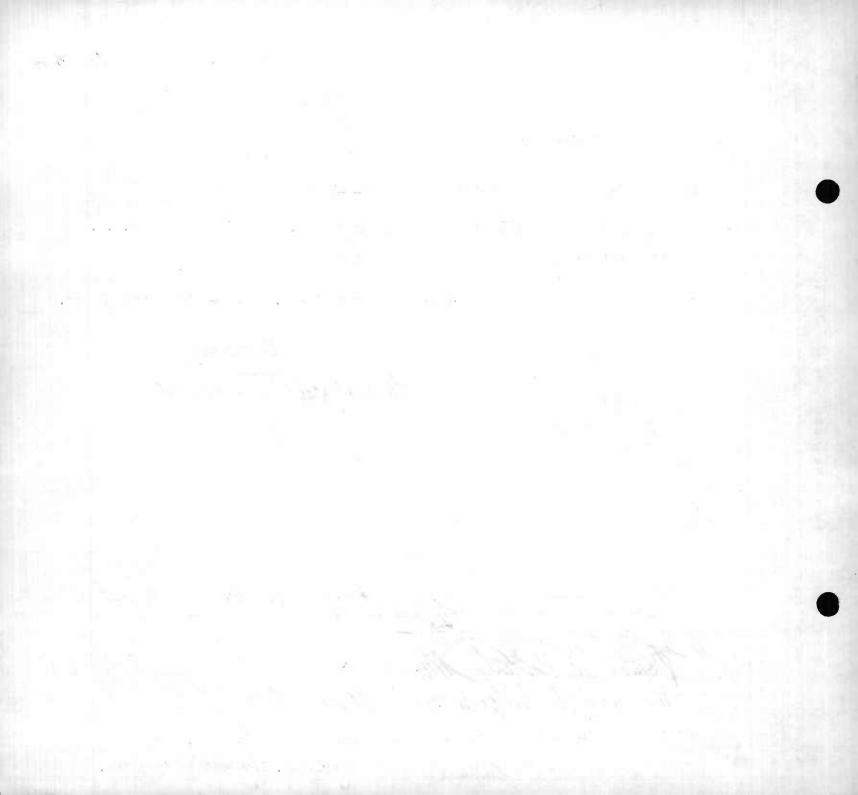
BIRTH NO.65	8596 _{MEDI}	ICAL EX	AMINER'S CI	ERTIFICATE OF I	DEATH Registe	05 8596 ered No
M.E. CASE NO.						
1. NAME OF DEC		ALBERT		2. DATE AN	D HOUR PRONOUNC	ED DEAD
		DABOYD			st 18, 1965	3:45 a M.
	IMORE, MARYLAND, W			A. STATE Marylan	B COL	titution: residence before odmission UNTY
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporate limits, write	e RURAL and give township)
INSTITUTION				Baltimo	re	1-03
7-1	- TT - 1 - TT -	1		D. STREET ADDRESS (If rurol,		
	Hopkins Hos			11	lderry St.	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
male	white		RRIED	1-13-1910	55	
	JPATION (Give kind of worl work:gg life, even if retired)	0		11. BIRTHPLACE (Stote or foreig		12. CITIZEN OF WHAT COUNTRY?
OUTSIDE	MACHINIST	SIIIA	BUILDING.	14. MOTHER'S MAIDEN NAM		U-S-H.
3. FATHER'S NAM	The state of the s	72				
15 WAS DECEASE	DEVERINUS ARMED	FORCESS	16. SO CIAL	17, INFORMANT	WARNER	ADDRESS
	(If yes, give wor or dote		SECURITY NO.	du 9. 11	bin	11 00 1 0
No		No.	212-07-5458	Mrs. Chyateo	1 South a	413 Mc Elderry
18.	2/1		CAUSE	OF DEATH	0	ONSET AND DEATH
DISEA	SE OR CONDITION DI		Arteri	osclorotic cardi	orracoular d	icasc
(This does	not mean the made of	dvina, e.a.	DUE TO	osclerotic cardi	ovascular u.	156456
injury or con	osthenio, etc. It meons mplication which coused	deoth.)				
	NTECENDENT CAUSE	S	493			
	OR CONDITIONS, IF A		DUE TO		******************	
UNDERLYIN	NG CONDITION LAST.		(C)			
Ó	-		() /		····	
O TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO T				
 -	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	
_ ()	L CAUSE WAS	010	SI ACE OF INITION /	No		
O UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street, o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	ur in Politimore City, gi	ive exoct locotion)
Z 21D TIME	(Month) (Doy) (Year	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJU	IBY OCCUB?	
OF INJURY	(Notional) (Doy) (180)			WHILE T	on occon.	
22,		m. \	VORK AT W			
	tify that I held on I	nquiry 🗌	Inspection X Aut	tapsy ond that on th	is bosis, deoth in r	my opinion
resul	ted from: Natural co	uses X	ccident Suicid	e Homicide	Indetermined monn	er
	///	X	- ()	CHIEF MEDICAL EX	AMINER .	DATE SIGNED
SIGNAT		TOO CE	Wally M.D.	ASSISTANT MEDICAL EX	AMINER 3	
EXAMIN NAME (Breite	necker	ASSOCIATE MEDICAL E	XAMINER _	8-18-65
23A. BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY O	CREMATORY 23D. L	OCATION (City	, town, or county) (State)
DUR I	(9 61	-65	MAK LAU	ON CEM.	BALTO.	aM.
	BY HEALTH DEPT.	248 NAME	OF REGISTRAR	240 EUNERAL DIRECTOR		ADDRESS
AUG 1	9 1965 Rober	B. 3. 8	ender, Mil	Hartley	ille 233	34 Lefterson &
VS 151-REV. 1/1/	65	. 6	VE CENT	0 0 1183 1 0	X	111



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT





BALTIMORE CITY HEALTH DEPARTMENT

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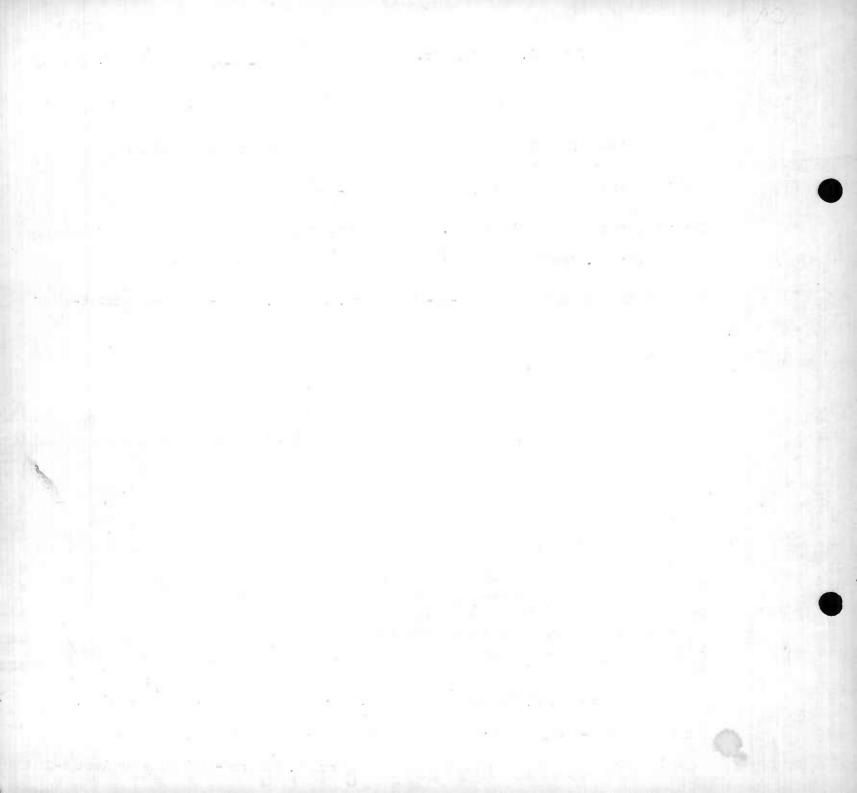
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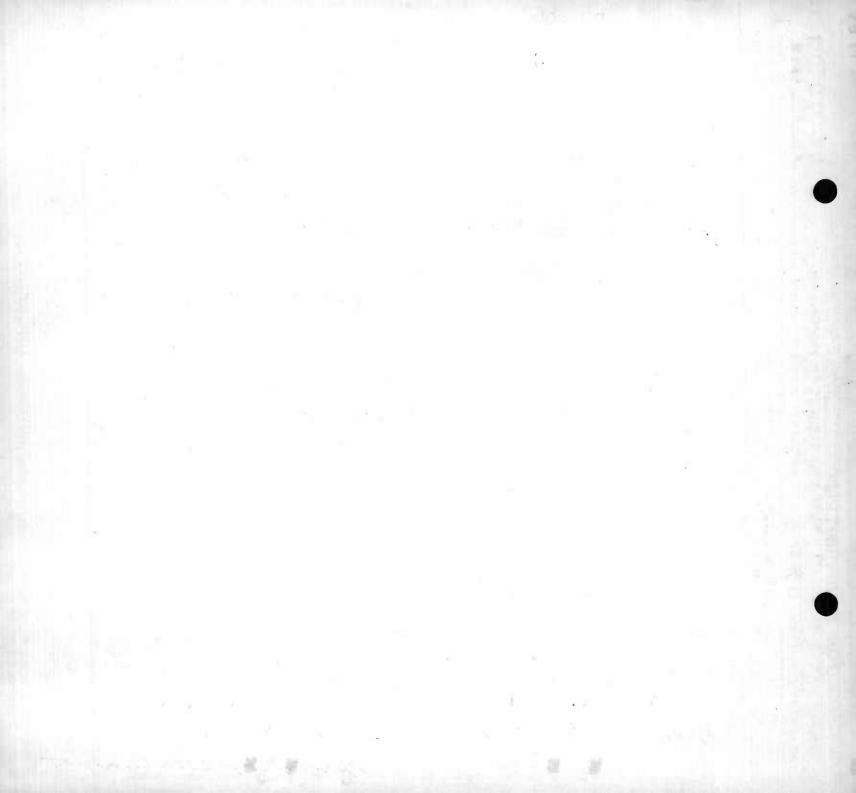
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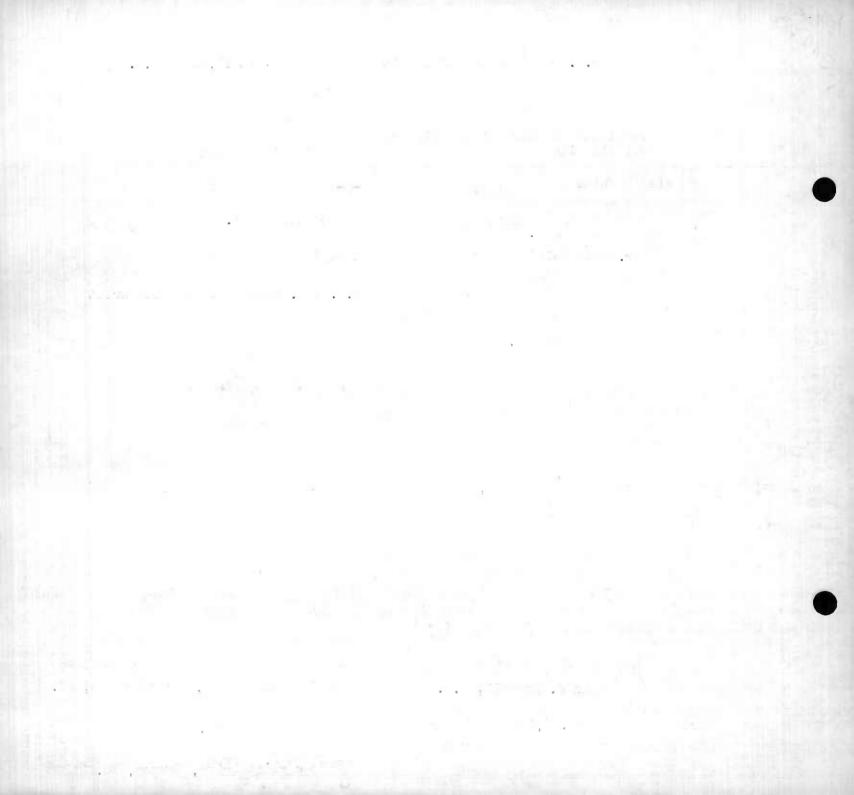
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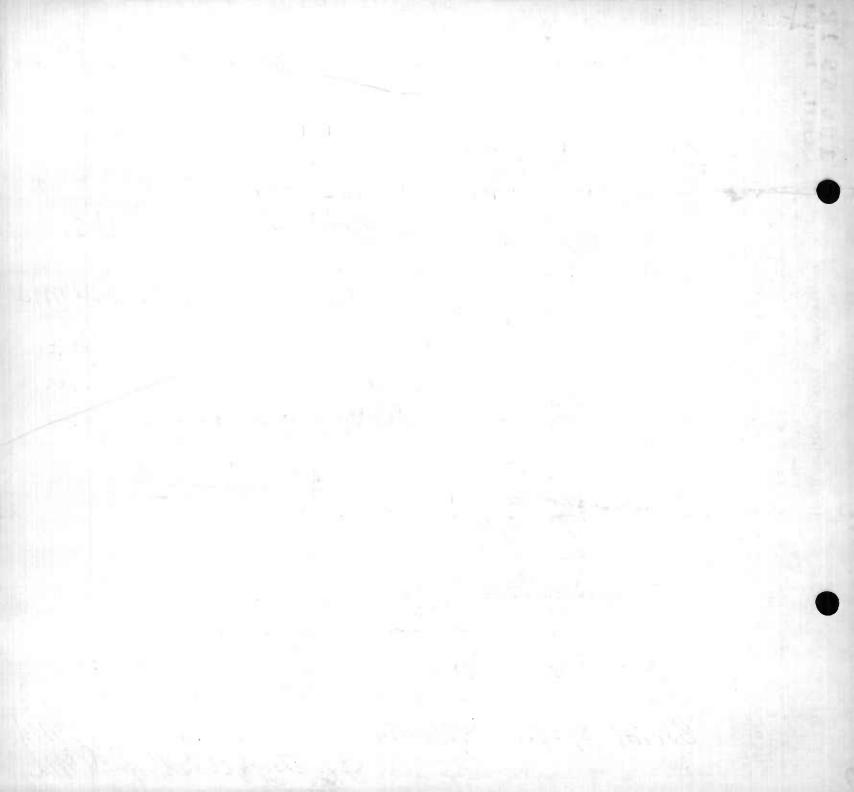
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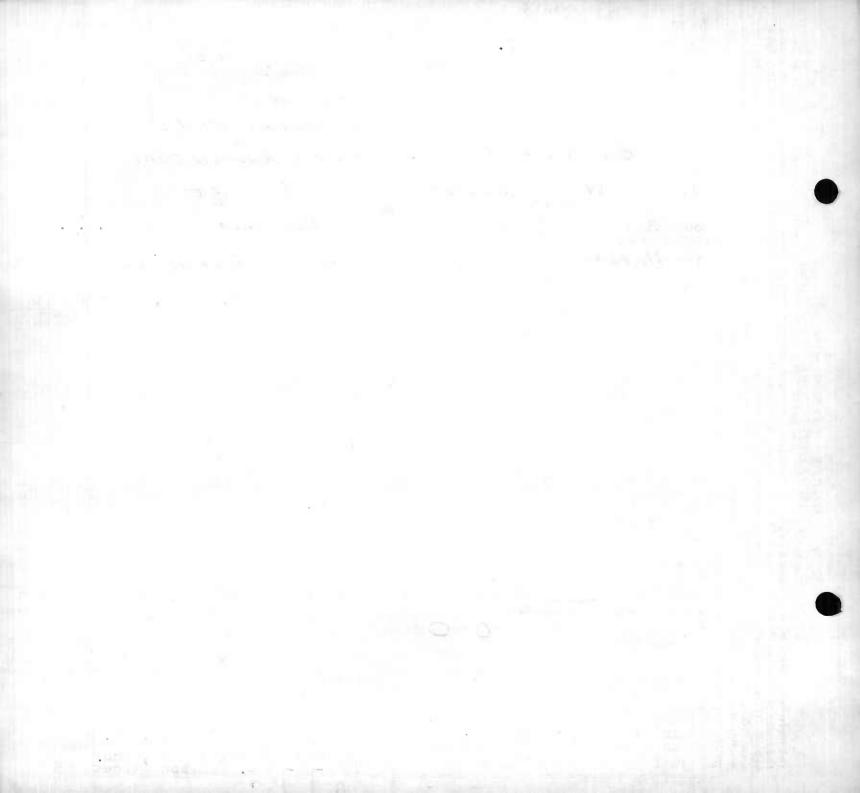
VS 150-REV, 1/1/65











3 1	CASE NO.		CAL EXAMINER'S C						
	NAME OF DEC		S L. MURPHY	2. DATE AND HOUR PRONOUNCED DEAD August 17, 1965 11:50 p 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admit B. COUNTY Maryland C. CITY OR TOWN (If outside carporote limits, write RURAL and give township) Baltimore					
			HERE PRONOUNCED DEAD						
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)						
				D. STREET ADDRE	SS (If rural, give I	acotian)			
		City Jail		1004 W.	Pratt St.				
5. S		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. las	AGE (In years t birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours		
	male	white	Married TOB. KIND OF BUSINESS OR INDUSTI	Mat. 14	, 1922	42 43			
	during most of v	vorking life, even if retired)			WHAT COUN				
13. F	Painte ATHERS NAM		House	Maryland					
	French	Murphy		Hattie E. Rav					
	WAS DECEASE	D EVER IN U.S. ARMED		17. INFORMANT			ADDRESS		
-	VO.	in you, give wor or dule	212-18-9652	2 Hattie	E. Murp	har 53	5 Kintop Rd		
-	1B. 7. O	- 1/3/		SE OF DEATH	E. Marp	TA DI	INTERVAL BETY		
	= 4	74X1	CAUS	E OF DEATH			ONSET AND D		
	DISEA	SE OR CONDITION DI LEADING TO DEATH		vxia			200		
	(This daes r heart failure, injury as cor	nat mean the made at asthenia, etc. It meons application which coused	the disease, DUE TO		***************************************				
		NTECENDENT CAUSE	(B) 11a116.	ing					
	RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING DUE TO						
Z			(C)		*********				
á	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	ATED TO THE Artorios	clerotic ca	rdiovascul	ar disea	ase.		
FICATION		OPERATION 198, CON WAS PER	DITION FOR WHICH OPERATION		(Yes at Na) 20B. J	F YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?		
CERTIFICATION	19A. DATE OF			1 1 11					
CAL CERTI	21 A. EXTERNA UNDERLYING	L CAUSE WAS MOR CONTRIB- SE OF DEATH.	218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.) Jail						
MEDICAL CERTI	21 A. EXTERNA UNDERLYING	L CAUSE WAS MOR CONTRIB- SE OF DEATH. (Manth) (Day) (Yeor	Jail (Hour) 21E. INJURY OCCURRED	Cit;	y Jail w dd Injury oc Hung self				

ACTUAL SIGNATURE

ASSISTANT MEDICAL EXAMINER

DATE SIGNED

(State)

EXAMINER'S NAME (Type) Rudiger Breitenecker

23A, BURIAL CREMATION, REMOVAL (Specify)

5 Loudon Park Cem Baltimore, Md.

24B. NAME OF REGISTRAR Walters Funeral Home

ADDRESS

Pratt & Stricker Sts. 21223

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

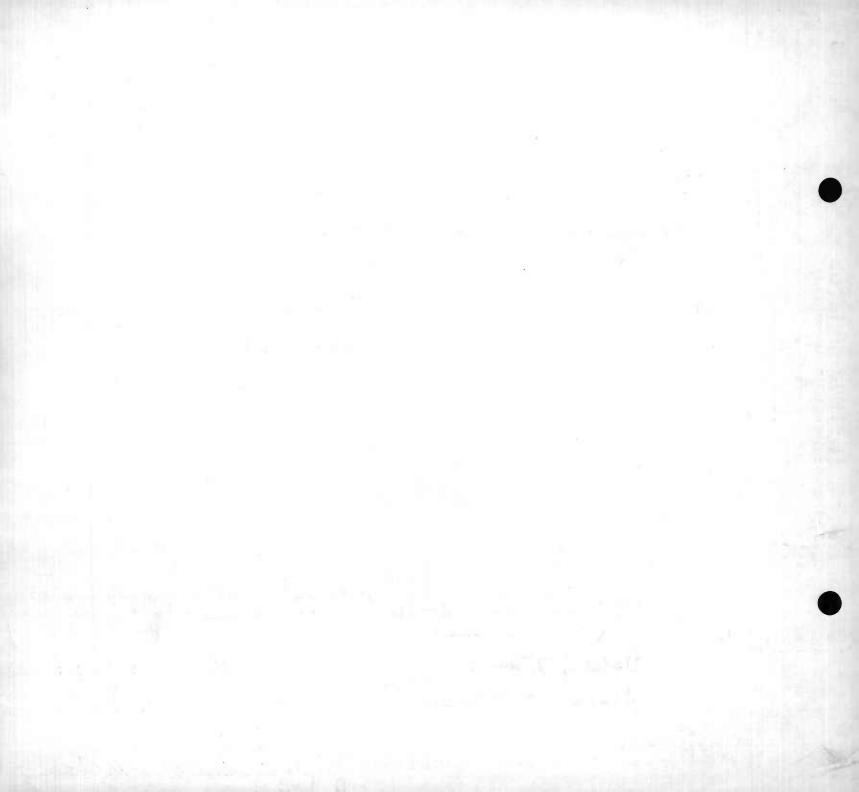
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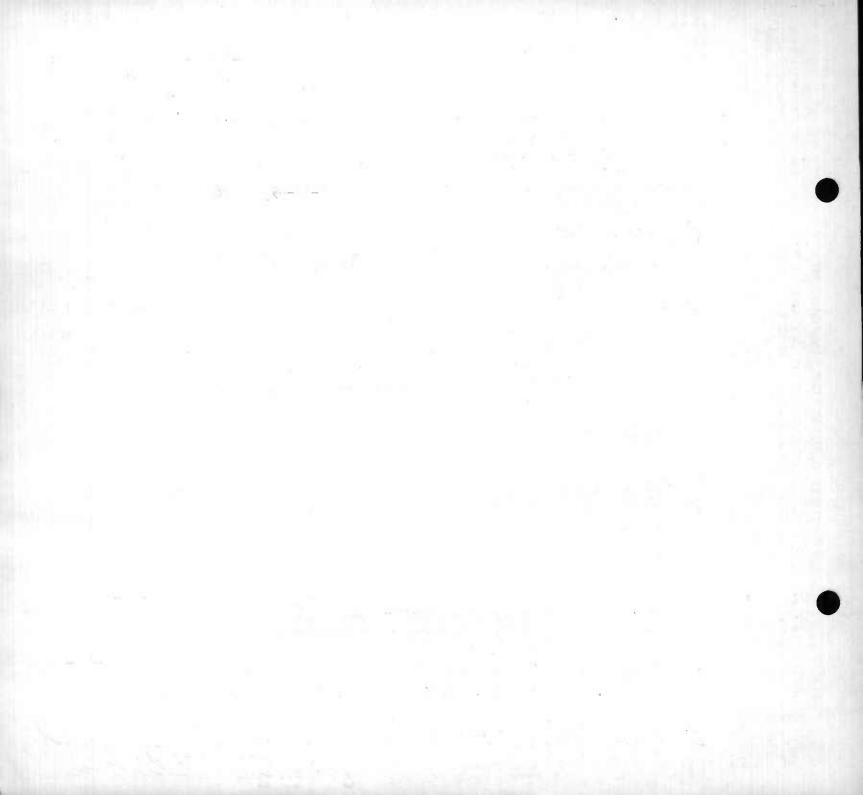
23D. LOCATION

(City, town, or county)

CALL SECTION OF THE PROPERTY O March 2 May 3 GANS EL of going I will be the control of th the second as the contract of the second sec , of the second second second

BALTIMORE CITY HEALTH DEPARTMENT





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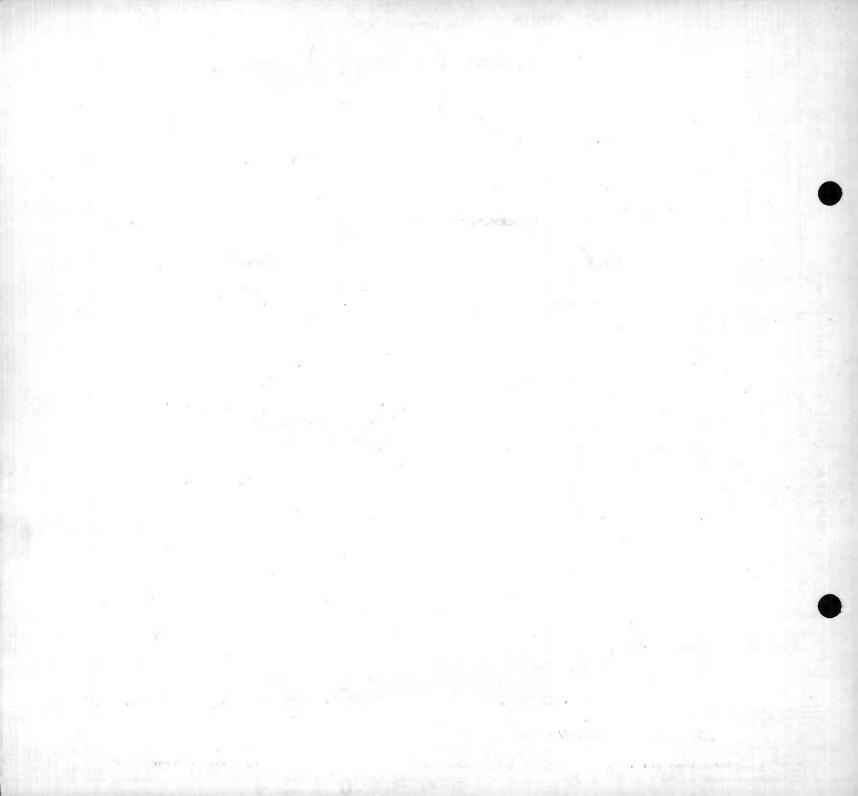
()()	0001		BALTIMORE CITY HEA				00	
BIRTH NO.	ME	DICAL EX	CAMINER'S	CERTIFICA	TE OF [DEATH Registe	red No	607
M.E. CASE NO.			of her titled					
1. NAME OF DE	CEASED	DETERMINE			2. DATE AN	D HOUR PRONOUNC	ED DEAD	
(1) 20 01 111111	JOHN		HINTON		Aug	ust 19, 196	5	12:35 A M.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	I A. STATE		deceosed lived. If ins B. CO	titution: residen	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOC	TAL OR INSTITU CATION)	JTION, GIVE STREET	C. CITY OR TO	OWN (If outside	e corporote limits, writ	e RORAL ond	give township)
Mer	cy Hospital				oltimore DRESS (If rurol,	give locotion)	_0	<u> </u>
				1.3	30 Aisqu	ith Street		
5. sex Male	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIF	100	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs.
	Negro	ork TOB. KIND	BUSINESS OR INDUST	RY 11. BIRTHPLACE	E (State or lorein	78 (n. country)	12. CITIZEN	OF.
	working life, even if retired			•	me	in country?		COUNTRY?
13. FATHER'S NAM	AE ALLE	RECLEA		14. MOTHER'S	MAIDEN NAMI	E		
JIM	hurien	/		Un	burn	in/		
15. WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	16. SO CIAL	17. INFORMAN	10000	1	ADDRESS	
(Yes, no or unknown	(If yes, give wor or de	otes of service)	SECURITY NO.	Line	si A	texton 12	a fin	with s
118.	2		CAIIS	SE OF DEATH	ye 1.	opus n /	o wa	TERVAL BETWEEN
4	10-01		CAU				8	NSET AND DEATH
DISEA	SE OR CONDITION		A se to	omi onelana	wis Trans	- t D:		
(This does	not meon the mode	of dvina e.a.	DUE TO	eriosciero	TIC Hear	t Disease.		
injury or co	, osthenio, etc. It med mplication which cause	ns the discose, d deoth.)						
	ANTECON DENT CAN	ere						
	OR CONDITIONS, IF		(B)					•••••••
RISE TO TH	E ABOVE CAUSE (A)	STATING THE	DUE TO					
	NG CONDITION LAS		(C)					
<u> </u>	ll l							
O THE	NIFICANT CONDITION DEATH BUT NOT I	RELATED TO T						
19A, DATE OF	R CONDITION CAUSI		WHICH OPERATION	20A ALITOP	SY2 (Yes or No)	208. IF YES, WERE F	INDINGS CON	USIDERED
S S S S S S S S S S S S S S S S S S S		ERFORMED	WHICH OFERATION	204. 40101		IN CERTIFYING CAU		
10	L CAUSE WAS	21 R	PLACE OF INJURY (e.g.	in or about 21 C	NO WHERE DID	Of in Raltimore City of	ive exact lace	tion)
UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJU	RY OCCUR?			
21D TIME OF INJURY	(Month) (Doy) (Ye	eor) (Hour) 2	1E. INJURY OCCURRED	21 F.	NENI DID WOH	JRY OCCUR?		
(APPROX.)		m. V	VHILE AT NOT	WHILE				
22. 1 cer	tify that I held on	Inquiry 🗌	Inspection X A	utapsy 🗌 a	nd that on thi	s basis, death in	my apinion	
resu	ted from: Natural c	ouses X	ccident Suici	de Hami	cide 🗌 🗀 l	Indetermined mann	er 🗌	
		/	//_	CHIEF	MEDICAL EX	AMINER -		
ACTUA		21.	Celler Me	D. ASSISTANT	MEDICAL EX	AMINER X		DATE SIGNED
SIGNAT		Tures .	M.		MEDICAL EX			8/19/65
NAME ((es S. Pet	ty, M.D.	ASSOCIATE	MEDICAL LA	AMINER _		
23A. BURIAL CRE	MATION, 23B. DATE		C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City	, town, or cou	nty) (Stote)
REMOVAL (Special	y' A	21/65	mh M.O.	1 - 1/1	+ //	1/1/4.	-7.	mo
24A PALLA	BY HEALTH DEPT	1248 NAME	OF REGISTRAR	ry com	RAL DIRECTOR	M. su	nuj	DRESS
AUG 2	0 1965 000	# C +	1. Charles	11 1	1 / /	00.1	1. 1.54	1 0.0
Hou 2	o loco (les)	مر در الا		Mull	En 4 91	Whank!	12911	Lanna
VS 151-REV. 1/1/	^{'65}	9 7	600		0 53			

BALTIMORE CITY HEALTH DEPARTMENT

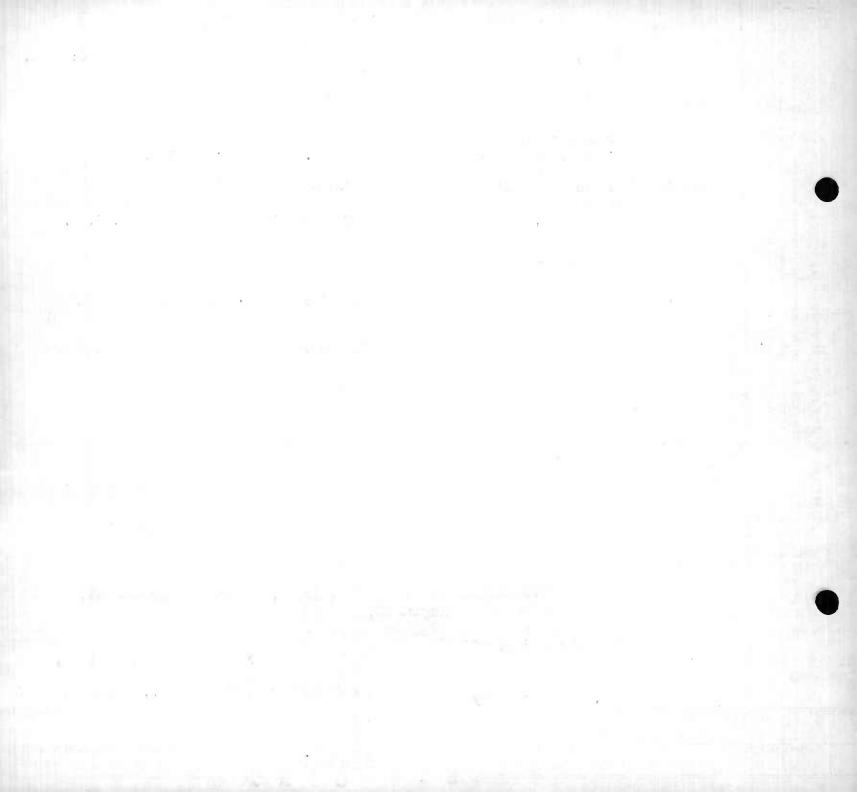
IMPORTAN **DIRECTOR:** FUNERAL

VS 150-REV. 1/1/65

9:20 RESIDENCE (Where deceased lived, Il institution; residence before admission) (Il outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys II Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) August 18. 23 B. DATE SIGNED August 18, 1965 M.D. 1400 N. Caroline St., Baltimore, Maryland (City, town, or county) ADDRESS

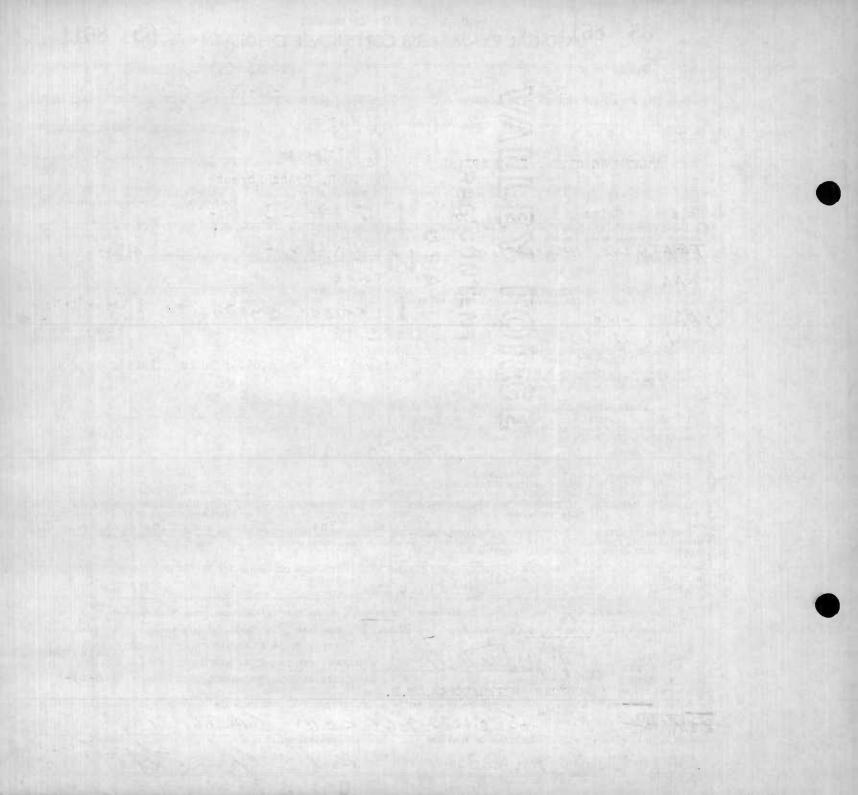


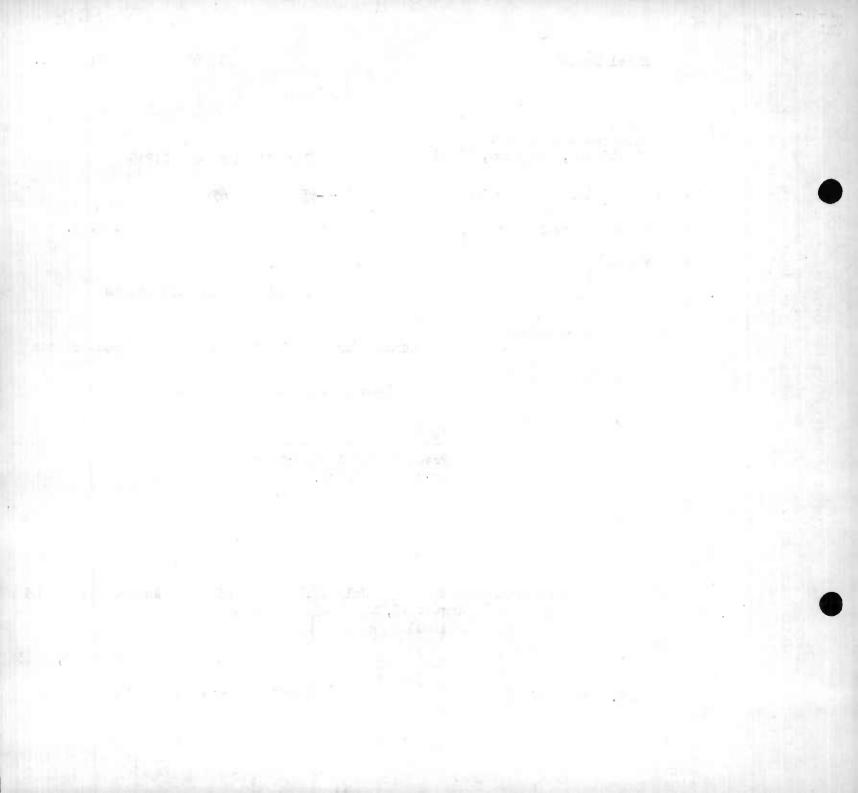
	M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) Swisher, Mamie				8/18/65	6:30 A.		
	FULL NAME OF (If not in haspital or institution, give street address or lacation) INSTITUTION Baltimore City Hospital 4940 Eastern Avenue Baltimore, Maryland, 21224			A. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission a. STATE B. COUNTY Maryland Baltimore County				
HOSPITAL				C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship)				
				D. STREET ADDRESS (If rural, give location) 13 E. Hickman Road 21221				
Femal	6. RACE Whit		RRIED, NEVER MARRIED DOWED, DIVORCED (specify) VICOW	9-13-97	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.		
	CCUPATION (Give	4.48 .5 15	nd of Business or industr L Some	West Virg		12. CITIZEN OF WHAT COUNTRY?		
3. FATHERS				14. MOTHER'S MAIDEN NAME Lissie Bryce				
5. Was Dece Yes, na ar unk	sed Ever in U. S.		1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	n Avenue 21224		
	001/1	OITION DIRECTLY	CAUSE	OF DEATH	2011 4740 243001	INTERVAL BETWEEN ONSET AND DEATH		
heort for injury of DISEAS	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) Lymphosarcoma 1 Year (B) DUE TO (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
A DISEASE								
ERT O		WAS PERFORME		1/4/0	es ar Na) 208, IF YES, WERI IN CERTIFYING C			
OR CON	IDENT WAS UND RIBUTING CAU otify medical exam	ISE OF	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OC	OID (II in Baltima CU R?	are City, give exact location)		
OF INJU	(Manth) (D	oy) (Year) (Haus	While At Work At Work	nile 🗀	DID INJURY OCCUR?			
that (I)	22. I certify that (I) (this hospital) attended the deceased from July 30, 19 65 to August 18, 19 65, that (I) (we) last saw the deceased alive an August 18, 19 65 and that in (my) (aur) apinion death occurred an the date and haur and from the causes payed above. (I) (We) (a) (did not) view the bady after death.							
	23A. SIGNATURE Attending M.D. Attending Med. Director Phys. August 18, 1965							
1		Dr. Kevin McCarthy M.D. 230. Address 4940 Eastern Avenue Balto., Maryland, 21224						
	Dr.							
24A. BURIAT REMOV	Dr.	g. 19-1965	arthy AC. NOME OF CEMETERY OF CO Mt Bron AME OF REGISTRAR		Fairment	City, town, or county) (State) ADDRESS		



1-2121		BALTIMORE CITY HEALTH DEPARTMENT
TED 05		TH NO. E. CASE NO. 65 8610 CERTIFICATE OF DEATH Registered No. 65 8610
anc eatl ase Sucl	1. N	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
of deat Decease e on th	(Ту	pe or Print) Mc Vei att LOta 8/15/-65 11:43 PM M.
Do of	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) A. STATE N. D. COUNTY Control of the contro
S		FULL NAME OF (If not in hospital or institution, give street
	in I	HOSPITAL OR oddress or location) NSTITUTION (If outside city limits, write RURAL and give township)
e 34.//	1	MARY LAND GEN 13 ALTIMORE YMO!
0		D. STREET ADDRESS (If rurol, give locotion)
de de de	5. 5	SEX 6. RACE 7 MARRIED REVER MARRIED B. DATE OP BIRTH , 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
contribut fermined regular reased p		F WIDOWED, DIVORCED (specify) 11/28/08 lost birthdoy Month's Doy's Hours Min.
th coete		A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dea t or Und as i		NONE KENTUCKY USA
if d rect (4) U was the spos	13.	FATHERS NAME 14. MOTHERS MAIDEN NAME
	II	LON E SAGRAVES LOU WALKER
stant ne di ind; eath e on	15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
Z .2 + X D 5 F	1	NONE MRS. JAMES MARTIN 1061 F. DONINGTON CINCLE
any sa		18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
his So, of of of the ten		LEADING TO DEATH (A) AMMIC (A) AMMIC (B) CONDITION DIRECTLY (A) AMMIC (B) CONDITION DIRECTLY (B) CONDITION DIRECTLY (C)
r or l		(this does not mean the mode of dying, e.g., DUE TO
iner or iner or acture prono prono ular a		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving
Xami A fr who reg		DISEASES OR CONDITIONS, if any, giving
medical ex ledical ex burns; (3) hysician in was in remains a		rise to the above couse (A) stoting the (C) (C) (A) Of Omittee (Year UNDERLYING CONDITION tost.
icia as ain		
5 3 E	N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
ph ian e re	CATIO	DISEASE OR CONDITION CAUSING IT.
be he the	RTIFIC	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED TO THE CONTROL OF THE CONTRO
by e + ohy	- LUI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUMP (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
; (2		OR CONTRIBUTION COLUMN
= 0 3 Z Z		21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21E, HOW DID INJURY OCCUR?
cept nd (6)	A	While At Not While
. 0 = -		Work At Work
+ = 0 0		22. I certify that (I) (this hospital) attended the deceased from 7/16/6 19 ta 1/2/65 19
be be		that (1) (we) lost saw the deceased olive an
dent ospit deat nust		and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
de de		Domina & Dulasta M. A. Manding T. Mad T. Stoll T.
a to to		23C. PHYSICIAN'S 23D. ADDRESS Phys. Director Phys. Phys.
An a An a prior		NAME (Type) DOMINIC A. CULOTTA. M.D. Med Color Hos
- 4 -	244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
D.O.	F	NTOMBMENT 8-18-65 LORRAINE MAUSOLEUM WOOD AWN, MARYLAND
was D.O. deceased written a	25 A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
was dece		AUG 20 1965 P. D. B. E. Falley M. D. WINCOKS BUSEN TOWSON MAKYLANDERY
	VS	150-REV. 1/1/65





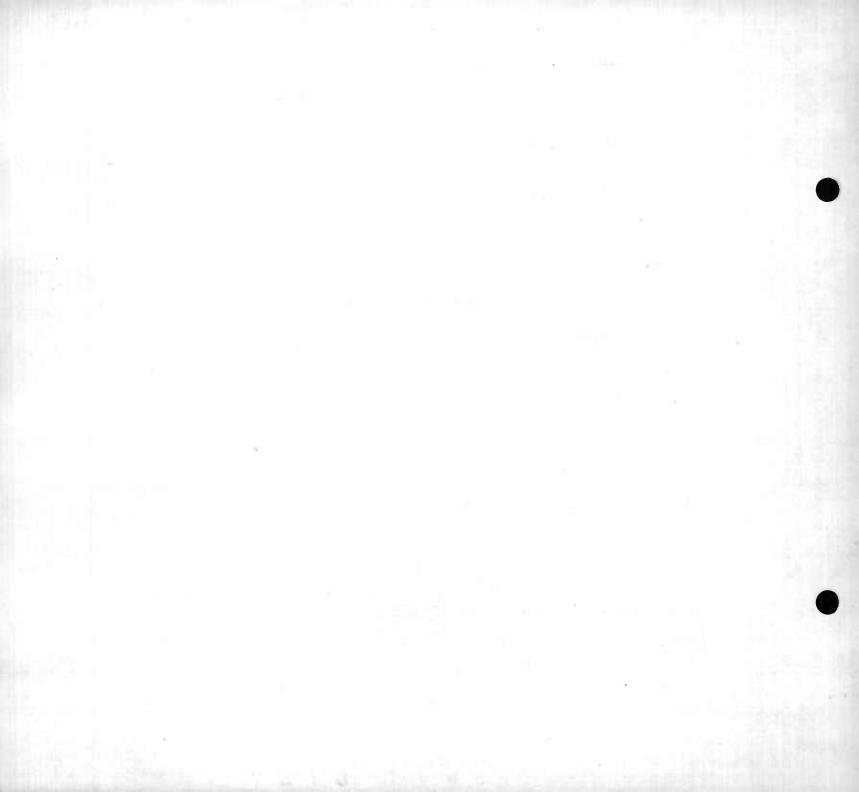


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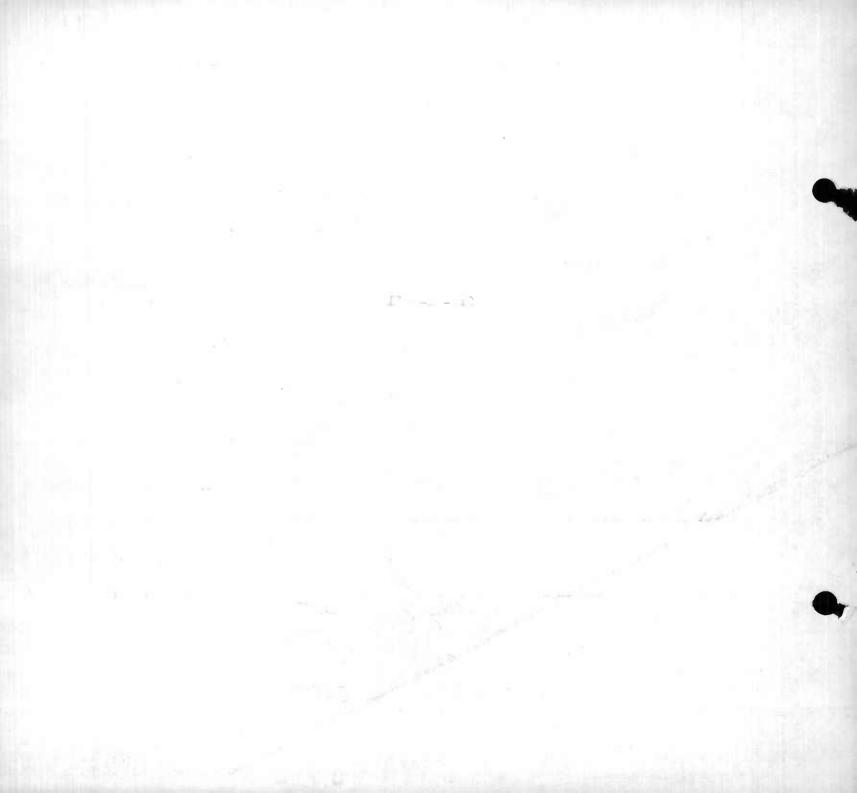
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FUNERAL

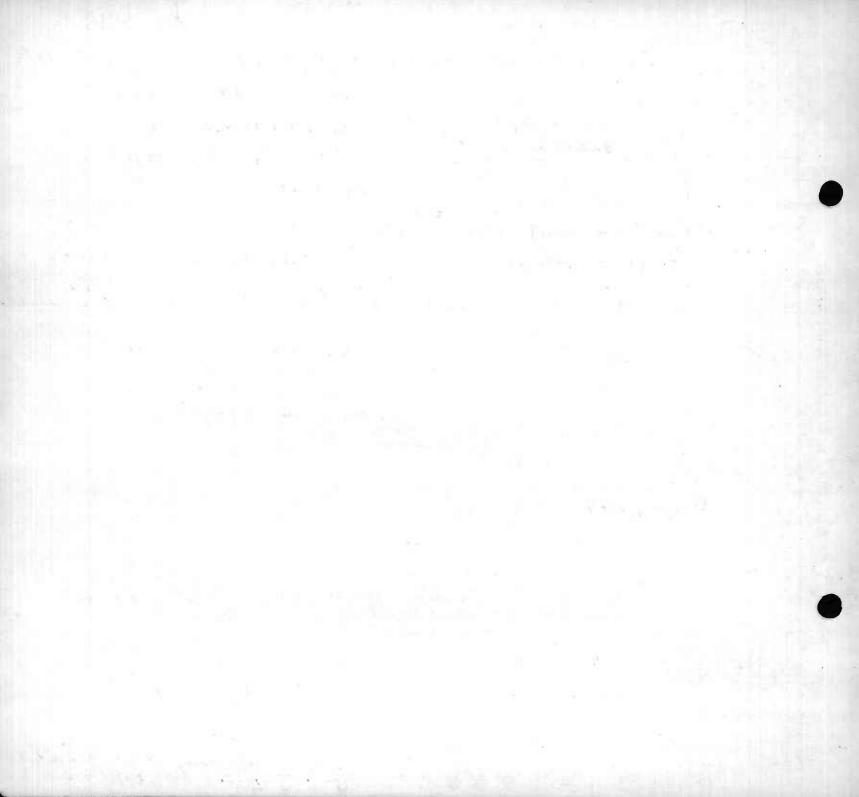
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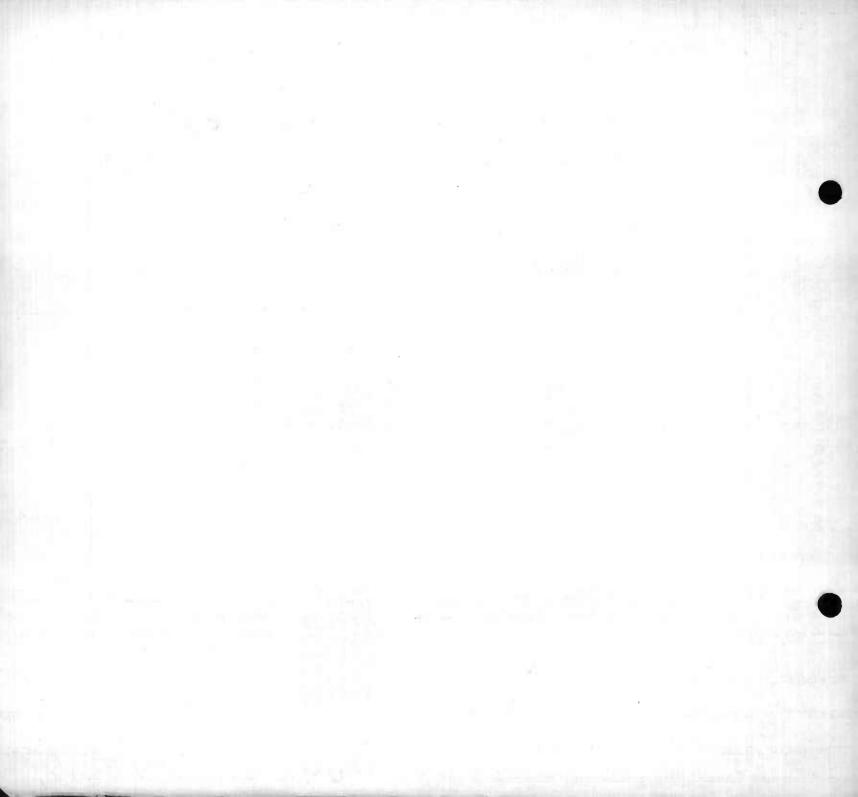


	pe or Print)	EASED				E AND HOUR OF DEATH			
		Roberta E. R			l l	lugust 16, 196	5 1 2 P.		
3. F	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis A. STATE B. COUNTY Maryland C. CITY OF TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)				
1	FULL NAME O	F (If not in hospital oddress or location	or institution,	give street					
Ľ	NSTITUTION								
D		706 Greenhill							
	Ва	altimore, Mar	yland	21 206	4706 Greenhill Avenue 6				
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24		
Te.	Male	White		o, DIVORCED (specify)	5/23/1893	lost birthdoy)	Months Doys Hours M		
					11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF		
don		working life, even if retired)			Baltimore		WHAT COUNTRY?		
13.	FATHER'S NAA	A E			14. MOTHER'S MAIDEN	NAME			
	Willia	lam Godman			Margaret	Colley			
	Wos Deceosed	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		enhill And the		
		(11 yes, give wor or dote		SECURITY NO.					
	No			217-01-6421	Miss Mary Rathel Baltimo				
	18. 4 . O	1		CAUSE O	F DEATH		INTERVAL BETWEEN		
		E OR CONDITION DIE	RECTLY		KAI. OIL	100			
		LEADING TO DEATH		(A) CU	12 LWI OCENCIAL	1 JULIONOHULI			
		of meon the mode of osthenia, etc. It meons		DUE 10					
	injury or com	The Albertaneous							
		ANTECEDENT CAUSES	Deferdice						
		R CONDITIONS, if		DUE	+				
		obove cause (A)		(C)	9				
	UNDERLYING	CONDITION lost.		0000 20 00000 00000					
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AL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	ONTRIBUTING TED TO TH T. DITTION FOR V	G E WHICH OPERATION PLACE OF INJURY(e.g., i.e., larm, loctory, street, o	Ne	D (If in Boltime	AUSES OF DEATH?		
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DICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CONWAS PERI	ONTRIBUTING ITED TO THE T. DITTON FOR V FORMED 218. hometc.]	WHICH OPERATION PLACE OF INJURY (e.g., i.e., larm, loctory, street, o	n or obout 21 C. WHERE DI ffice bldg., INJURY OCCU	D (If in Boltime	AUSES OF DEATH?		
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MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERINT WAS UNDERLYING TWAS UNDERLYING CAUSE OF medicol exomines)	ONTRIBUTING TED TO THE DITION FOR V FORMED 218. hometc.) (Hour) 21E. Whiy	PLACE OF INJURY (e.g., i e, larm, loctory, street, o INJURY OCCURRED file At Not Whit	n or obout 21C. WHERE DIG ffice bidge, INJURY OCCU	IN CERTIFYING CA	AUSES OF DEATH?		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	FICANT CONDITIONS CLEATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CON WAS PERIOD CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CAUSE OF medical examines) (Month) (Doy) (Year)	ONTRIBUTING ITED TO THE T. DITION FOR V FORMED 218, hometc., (Hour) 21E, Whi Wor	PLACE OF INJURY (e.g., ie, larm, loctory, street, o	n or obout 21C. WHERE DI ffice bidg., INJURY OCCU	IN CERTIFYING CA	re City, give exact locotion)		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve)	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CONWAS PERI AT WAS UNDERLYING TIME CAUSE OF medicol exomines) (Month) (Doy) (Year) that (I) (chic hospital last saw the decease	ONTRIBUTING TED TO TH T. DITION FOR V FORMED 21B. hom etc. (Hour) 21E. Whi Wo o d alive an	PLACE OF INJURY (e.g., in the land of the	n or obout 21C. WHERE DI ffice bidg, INJURY OCCUI	IN CERTIFYING CA	re City, give exact locotion)		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve)	FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CONWAS PERI AT WAS UNDERLYING TIME CAUSE OF medicol exomines) (Month) (Doy) (Year) that (I) (chic hospital last saw the decease	ONTRIBUTING TED TO TH T. DITION FOR V FORMED 21B. hom etc. (Hour) 21E. Whi Wo o d alive an	PLACE OF INJURY (e.g., in the land of the	n or obout 21C. WHERE DI ffice bidg., INJURY OCCU	IN CERTIFYING CA	re City, give exact locotion)		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve)	FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERI TO WAS UNDERLYING TING CAUSE OF medicol exominei) (Month) (Doy) (Year) that (I) (*his hospital last saw the decease of the causes stated to the cause stated to the caus	ONTRIBUTING TED TO TH T. DITION FOR V FORMED 21B. hom etc. (Hour) 21E. Whi Wo o d alive an	PLACE OF INJURY (e.g., in the land of the	n or obout 21C. WHERE DI ffice bidg, INJURY OCCUI	IN CERTIFYING CA	re City, give exoct locotion)		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve) and haur and	FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERI TO WAS UNDERLYING TING CAUSE OF medicol exominei) (Month) (Doy) (Year) that (I) (*his hospital last saw the decease of the causes stated to the cause stated to the caus	ONTRIBUTING TED TO TH T. DITION FOR V FORMED 21B. hom etc. (Hour) 21E. Whi Wo o d alive an	WHICH OPERATION PLACE OF INJURY (e.g., i.e., larm, loctory, street, o.e., larm, larm	n or obout 21C. WHERE DID 21F. HOW DID 21F. HOW DID 19	IN CERTIFYING CA	re City, give exact location) LG 16 196 in an death accurred an the		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve) and haur and 23A. SIGNATU	FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 179B. CON WAS PERIOD (Month) (Doy) (Year) That (I) (chic hospital last saw the decease I from the causes state of the cause of the causes state of the cause	ONTRIBUTING TED TO TH T. DITION FOR V FORMED 21B. hom etc. (Hour) 21E. Whi Wo o d alive an	WHICH OPERATION PLACE OF INJURY (e.g., ie, larm, loctory, street, o INJURY OCCURRED At Work the deceased fram) (We) (Mid) (did nat) w M.D. Att. Phy	n or about 21C. WHERE DI ffice bidg., INJURY OCCU	IN CERTIFYING CA	re City, give exact location) LG 16 196 in an death accurred an the		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve) and haur and	FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERIOD (Month) (Doy) (Year) that (I) (chic hospital last saw the decease from the causes state of the cause of the causes of the cause	ONTRIBUTING TED TO TH T. DITION FOR V FORMED 21B. hom etc. (Hour) 21E. Whi Wo o d alive an	WHICH OPERATION PLACE OF INJURY (e.g., ie, larm, loctory, street, o INJURY OCCURRED At Work the deceased fram) (We) (Mid) (did nat) w M.D. Att. Phy	n or obout 21C. WHERE DID 21F. HOW DID 21F. HOW DID 19	IN CERTIFYING CA	re City, give exact locotion) LG 16 196 iNan death accurred an the		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	FICANT CONDITIONS CLEATH BUT NOT RELACONDHION CAUSING I OPERATION 19B. CON WAS PERIOD (Month) (Doy) (Yeer) That (I) (this hospital last saw the decease from the causes state of the causes of the cause of the causes of the cause of the cause of the causes of the causes of the cause of the cause of the causes of the cause of th	ONTRIBUTING ITED TO THE T. DITION FOR VIOLENCE (Hour) 21E. White World attended the dalive an	PLACE OF INJURY (e.g., i.e., larm, loctory, street, o.e., larm,	n or obout 21C, WHERE DI ffice bidg, injury occul 21F, HOW DID 21F, HOW DID 19 an view the bady after dec ending Med. 5. Director 23D. ADDRESS	IN CERTIFYING CA	re City, give exact location) LG 16 196 in an death accurred an the		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CREF REMOVAL (S)	FICANT CONDITIONS CLEATH BUT NOT RELACONDHION CAUSING I OPERATION 19B. CON WAS PERIOD (Month) (Doy) (Yeer) That (I) (this hospital last saw the decease from the causes state of the causes of the cause of the causes of the cause of the cause of the causes of the causes of the cause of the cause of the causes of the cause of th	ONTRIBUTING ITED TO THE T. DITION FOR V FORMED 218, hometc.] (Hour) 21E, White World attended to a live an	PLACE OF INJURY (e.g., ie, larm, loctory, street, of the local street, o	n or obout 21C. WHERE DI ffice bidg., INJURY OCCUPATION INJURY OCC	IN CERTIFYING CA	re City, give exact locotion) 19 19 23B. DATE SIGNED City, town, or county) (Ste		
MEDICAL CERTIFICA	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ve) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CRE/ REMOVAL (S)	FICANT CONDITIONS CLEATH BUT NOT RELACONDHION CAUSING I OPERATION 19B. CON WAS PERIOD (Month) (Doy) (Yeer) That (I) (this hospital last saw the decease from the causes state of the causes of the cause of the causes of the cause of the cause of the causes of the causes of the cause of the cause of the causes of the cause of th	ONTRIBUTING ITED TO THE T. DITION FOR V FORMED 218, hometc.] (Hour) 21E, White World attended to a live an	PLACE OF INJURY (e.g., ie, larm, loctory, street of INJURY OCCURRED INJURY OCCURRED At Work At Work M.D. Attr. Phy M.D. Attr. Attr. AME of CEMETERY of CRI COODLAWN Cemete	n or obout 21C. WHERE DI ffice bidg., INJURY OCCUPATION INJURY OCC	IN CERTIFYING CA	re City, give exact locotion) 19 19 23B. DATE SIGNED City, town, or county) (Ste		



VS 150-REV. 1/1/65





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DIRECTOR:

FUNERAL

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23C. NAME of CEMETERY or CREMATORY

Balto. National Cem.

248, NAME OF REGISTRAR

23D. LOCATION

24C. FUNERAL DIRECTOR

(Stote)

(City, town, or county)

ADDRESS

Frederick Rd. Baltimore

Dippel Bros Inc. 1800 E. Lombard \$t. 31

23A, BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/65

238. DATE

Cadatrian Double 30, 1916

Building was a start motion more formation

213-07-4907 May Shine 281 Arrith Short 21231

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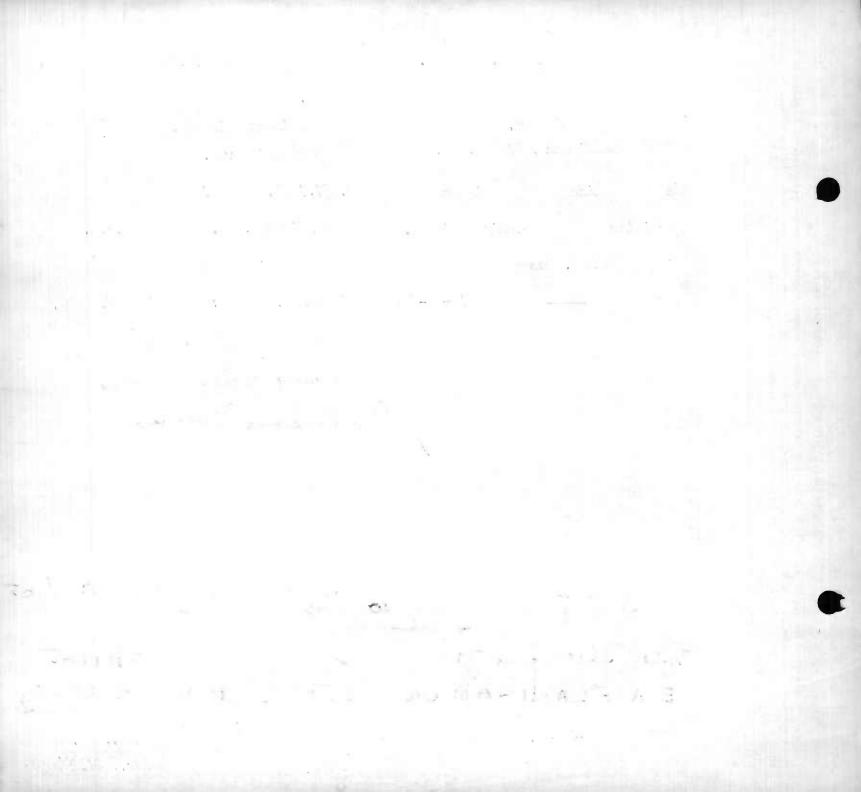
brownish S/23/65 Relational Com. Frederica No. Belliance

Ornes ince Inc. 1300 f. Louise Co.

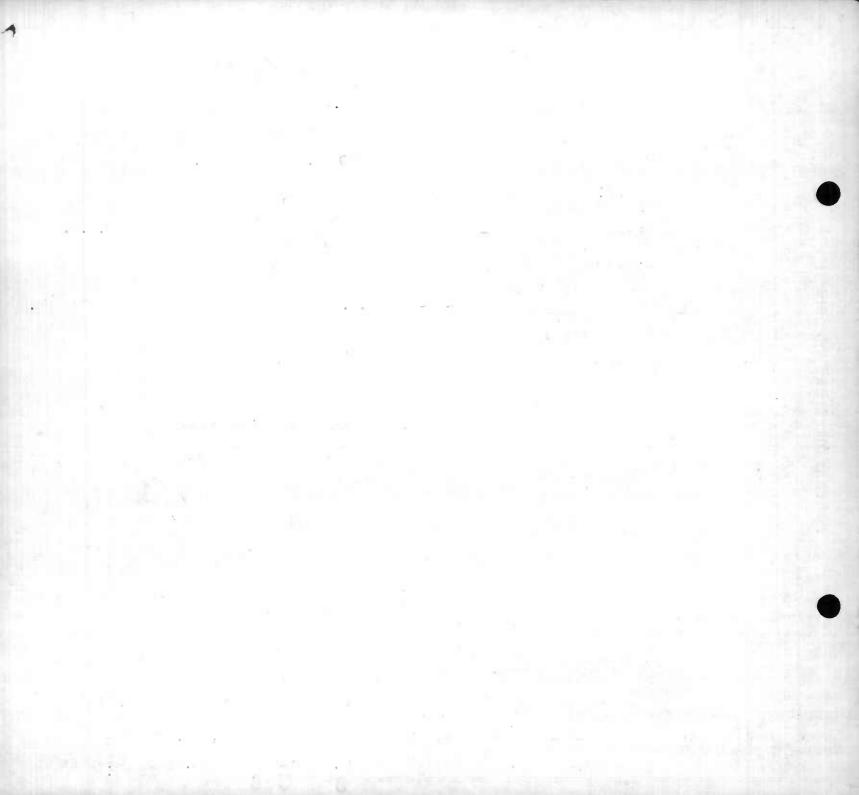
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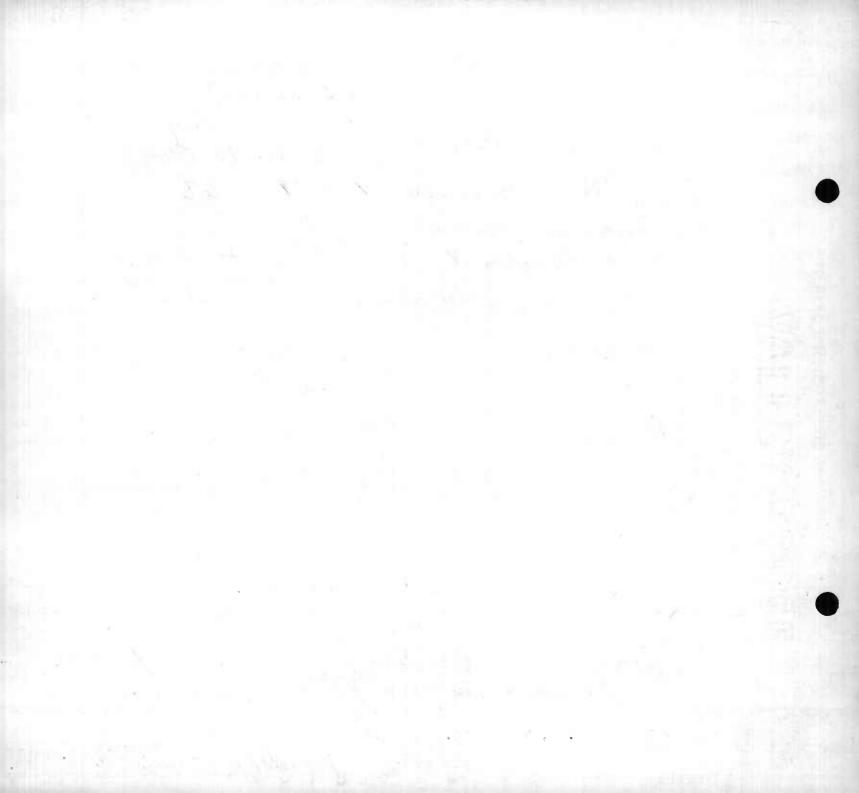
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



	BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65 862 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 862										
11116											
X1100	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD										
	WILLIE WOODROW WEAVER 8/13/65 2:22 p.										
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissi										
	A. STATE Maryland 2410										
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)										
	INSTITUTION Baltimore										
145	D. STREET ADDRESS (If rural, give location)										
10	Sinai Hospital 128 E. Cross St.										
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) 8. DATE 28, 1918 9. AGE (In years If Under 1 Yr. If Under 24 to Manths, Days, Haurs, Mi										
	male white XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
	10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF										
	done during most of working life, even if retired) Helper in Bonding Dept PLASTIC PRODUCTS West Vincinia										
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME										
	Thomas Patrick Weaver Ada L. (Maiden Ngme Unknown) Weave										
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL 17. INFORMANT ADDRESS										
	Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 236-20-4745 Mrs. Roberson 2849 Hollins Ferry Rd.										
	Yes 200-20-4747 Baltimore Md. Baltimore Md. INTERVAL BETWEE										
	ONSET AND DEAT										
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Automiccolomatic conditions disconditions and disconditions and disconditions and disconditions are disconditionally and disconditions and disconditions are disconditionally and disconditionally are disconditionally and disconditionally are disconditionally and disconditionally are discon										
	(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease.										
	injury or complication which caused death.)										
	ANTECENDENT CAUSES										
	DISEASES OR CONDITIONS, IF ANY, GIVING (B). DISEASES OR CONDITIONS, IF ANY, GIVING (B). DISEASES OR CONDITIONS, IF ANY, GIVING (B).										
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.										
	(C)										
	OF II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE										
	TO THE DENTIL BUT NOT KEENTED TO THE										
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED										
	O WAS PERFORMED YES IN CERTIFFING CAUSES OF DEATH?										
	yes										
	UNDERLYING OR CONTRIB- home, form, factory, street, affice bldg, INJURY OCCUR?										
	OF INJURY										
	(APPROX.) m. WHILE AT NOT WHILE AT WORK										
	22. I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion										
Market Company	resulted from: Notural causes X Accident Suicide Hamicide Undetermined manner										
	CHIEF MEDICAL EXAMINER										
	ACTUAL DATE SIGNED										
	8/11/66										
	EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.										
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)										
	REMOVAL (Specify) Democracy 8/17/65 Comp Crowneds Comptons: Thinned ton W. V.S.										
	Removal 8/17/65 Camp Grounds Cemetery Tunnelton, W. Va. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS										
Marie.	AUG 20 1965 Club E. talky Wm. Cook-Brooks Inc. 1217 St. Paul S										
1-125-3	Aug gu 1500 George Balt. Md.										
	VS 151-PEV 1/1/45										

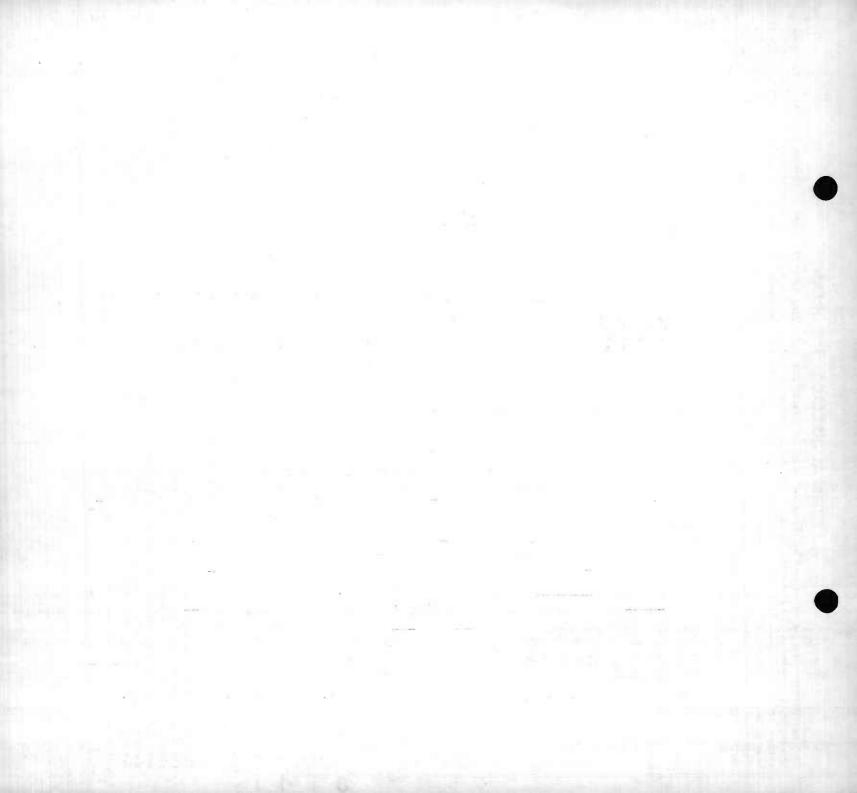


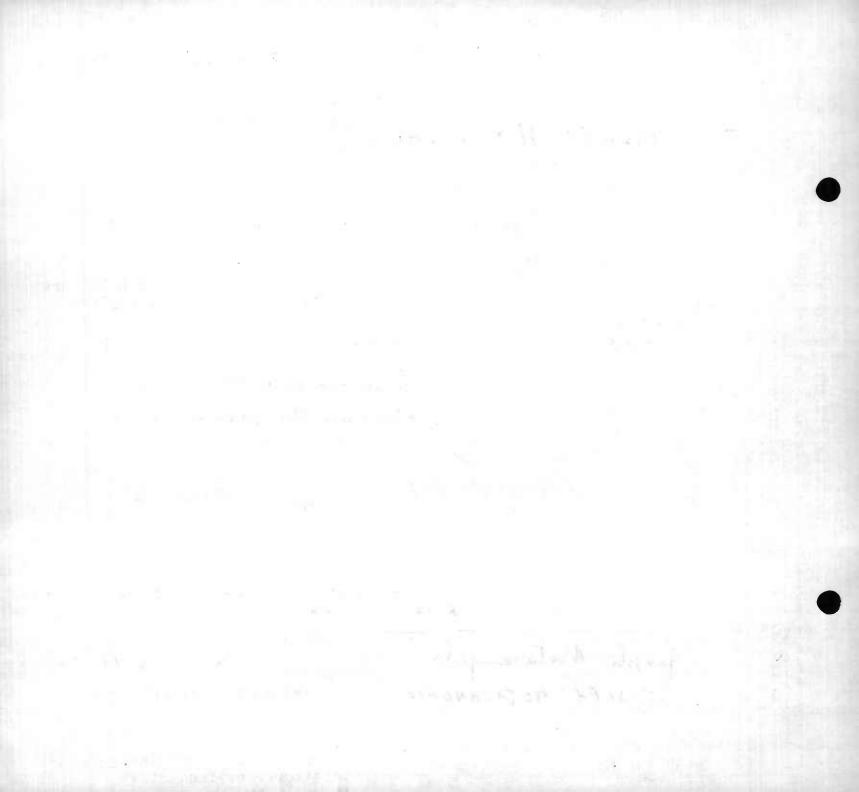


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 8624

M.E. CASE NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		THE TEN O	-10.11							
1. NAME OF DECEASED (Type or Print)					2. DATE AND HOUR PRONOUNCED DEAD						
		ANCHE WI			Aug	ust 18, 1965	5	5:35 a	1 M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceosed lived, If in stitution: residence before odmission) A. STATE B. COUNTY						
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		Maryland	a		1			
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITT		e corporote limits, write	KUKAL ond	give lownshi	PL		
1					Baltimo:			>-	01		
Chara	ah Hama C H	and+1		D. STREE	T ADDRESS (If rurol,						
	ch Home & Ho		NEVER AS ABBIED	9 DATE	225 Ballou		I II IIndo. 1	V. If Illadas	24 44.0		
female	female 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Married Married				8, DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 11 Under 1 Yr. If Under 2 Months, Doys Hours 52						
don during most of work	TION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN WHAT C	COUNTRY?			
				KilNorck, Virginia U.S.A.							
13. FATHER'S NAME				14. MOTH	IER'S MAIDEN NAMI						
Edward Ba	11				ly Ball						
15. WAS DECEASED I	VER IN U.S. ARMED	FORCES? s of service)	SECURITY NO.	17. INFOR			ADDRESS		7.3		
No.			215-32-201	7.	Mr. Henry	Williams	225 Ba	allou	Ct.		
1B. / //	7 V		CAUSE	OF DEA	TH		IN'	TERVAL BET	WEEN		
44	2 X						10	NSET AND	DEATH		
	OR CONDITION DIS EADING TO DEATH		Urrnos	rt on a	iro cardian	annular dica	2220				
(This does not heart failure, as	meon the mode of thenio, etc. It meons cotion which coused (dying, e.g., the discose.	DUE TO	rens.	ive cardiova	ascular dise	:ase	0 0 m 0 m 0 0 m m 0 0 0 0 0 0 0 0 0 0 0	***********		
	CONDITIONS, IF A		(B).								
RISE TO THE A	BOVE CAUSE (A) ST		DUE TO .								
	CONDITION LAST.		(C)			***************************************		***************************************			
2											
O THE DE	CANT CONDITIONS ATH BUT NOT REL	ATED TO TH						00×000×00000000000	***********		
19A. DATE OF O		DITION FOR V	WHICH OPERATION	20A. A		208. IF YES, WERE FIL					
					No						
21 A. EXTERNAL COUNDERLYING OF	R CONTRIB-	21 B. I home, etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	in or obou ffice bldg.	21C. WHERE DID	(If in Boltimore City, gi	ve exoct locoti	ion)			
21D TIME IN	Aonth) (Doy) (Year) (Hour) 2	IE, INJURY OCCURRED		21 F. HOW DID INJU	JRY OCCUR?					
OF INJURY (APPROX.)		m. W	HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE _							
22,	that I held A I	nquiry 🗌	Inspection X Aut	apsy 🗌	and that an thi	is basis, death In n	ny apinlan				
resulted	from: Natural cay	ses X A	ccident Suicide		Hamicide \	Indetermined manne	er 🗍				
	1/1/	1		_	HEF MEDICAL EX	-					
ACTUAL		MIMI	11/11/		ANT MEDICAL EX			DATE SIG	NED		
SIGNATUR	. !/ 1/	My A	M.D.		ATE MEDICAL EX		8-	18-65			
EXAMINER NAME (Ty;	Rudige:	r Breite	enecker	ASSOCI	ATE MEDICAL EX	KAMINER		10 05			
23A. BURIAL CREMA			C. NAME OF CEMPTERY O	CREMA	ORY 23D. L	OCATION (City,	, town, or coun	nty) (S	Stote)		
REMOVAL (Specify)	8-2	3-65 1	Mount Aubur	~ 0-		1 de de marcon de	in an all a				
DURIAL 24A. DATE REC'D BY	HEALTH DEPT.		OF REGISTRAR		metery Ba:	Itimore, M	larylan	nd DRESS			
AUG			, Farber M. M	1 1	ORTON + D.	10.TT- 110		rens	5		
VS 151-REV. 1/1/65		. 6	C Fan	0 6	1110	110					

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	TH NO.	65 MED		AMINER'S CE			EATH Registe	ered No.	8627
_	E CASE NO.	CEASED				2 DATE AND	HOUR PRONOUNC	FD DEAD	OULI
(Ty	pe or Print)		OVD	GOOD		8-8-			5:15 P. M
3. I	PLACE IN BALT	IMORE MARYLAND, W	OYD HERE PRONOU		A. STATE	RESIDENCE (Where de	ceosed lived. Il inst	litution: resider	141,
HO	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA		TION, GIVE STREET	C. CITY OR	TOWN (If outside o		RURAL ond	give township)
	BAI	LTIMORE CITY	HOSPITAI		Washington D. STREET ADDRESS (II rurol, give locotion) 3210% 6th Street				
5. 9		6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF	*	9. AGE (In years lost birthdoy) 5 4 ?		Yr. If Under 24 Hrs.
		White UPATION (Give kind of worl working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	ACE (State or foreign o		12. CITIZEN WHAT	OF COUNTRY?
13.	FATHER'S NAM	A E			14. MOTHER	S MAIDEN NAME			
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMA	ANT		ADDRESS	
CERTIFICATION	(This does the heart foilure, injury or continuity or cont	SE OR CONDITION DI LEADING TO DEATH not meen the mode of , osthenio, etc. If meens mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) 5' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	dying e.g., the discose, deoth.) SS NY, GIVING TATING THE CONTRIBUTINAL ATED TO THE	(A) LOD DUE TO (B) DUE TO (C1		umonia, rig		C	NTERVAL BETWEEN NSET AND DEATH
¥	21 A, EXTERNA UNDERLYING	WAS PER L CAUSE WAS OR CONTRIB-	FORMED 21B. F	PLACE OF INJURY (e.g., i lomn, loctory, street, o	Parti	c. WHERE DID (IF	CERTIFYING CAU	SES OF DEAT	rH?
MEDIC	21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Yeo		HE, INJURY OCCURRED HILE AT NOT VOORK ATPAY	WHILE 21	F. HOW DID INJURY	OCCUR?		
		URE C	Lieu Lieu	suicide	CHIE	and that an this micide Uni F MEDICAL EXA T MEDICAL EXA E MEDICAL EXA	determined manner		DATE SIGNED
23 A	MOVAL (Specif	MATION, 238 DATE		NAME OF CEMETERY	CREMATOR	AA BOSTO	TCAL SC	HOO!	(Stote)
24/	AUG 20	BY HEALTH DEPT.	24B. NAME 0	OF REGISTRAR	I V ZGV-D	NETAL DIRECTOR	SERVICE		DRESS CHD
1/0	161 PEV 1/1/	" TOUR VIOLEN	الم الم	Outcol and	A A	JIL E UPAIL	SLICI	m DI	LID

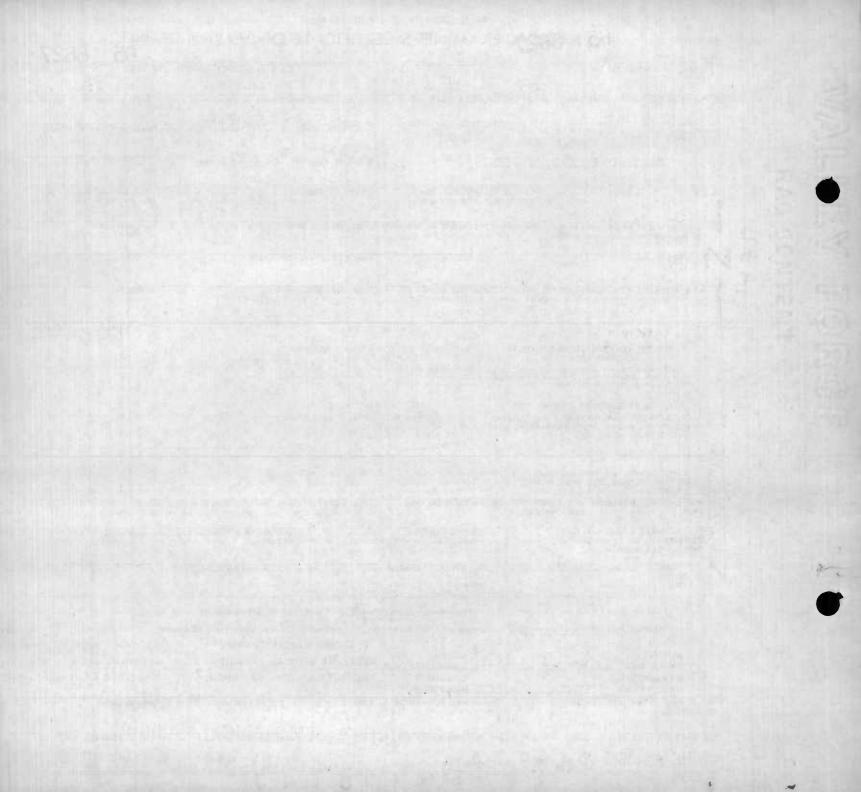
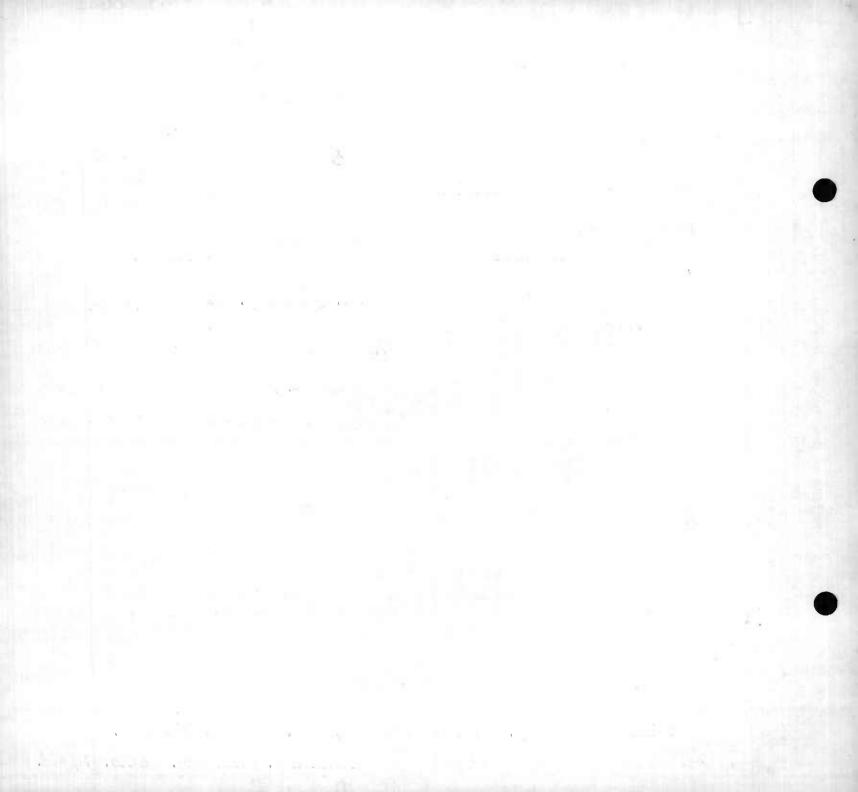


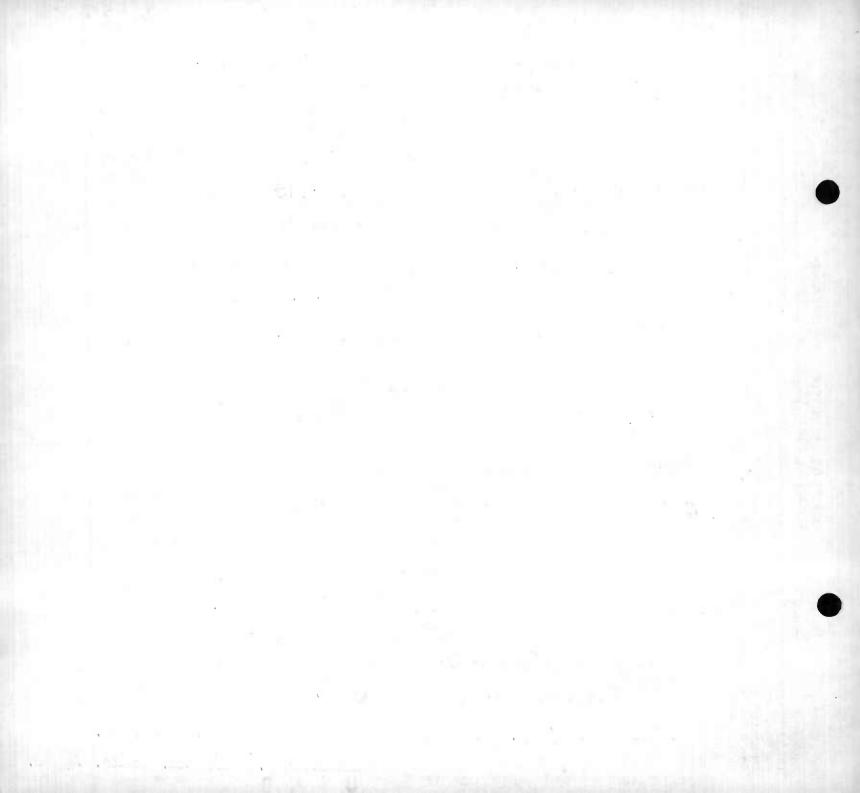
Chart HUPERTENIEL Sulveyor of Baryon Ephraim B BARZAGA TO THE HOUSE & BREIGH WARREN TO

			BALTIMORE CITY HEALT				
BIRTH NO.65	8629MEDI	CAL EX	(AMINER'S CE	RTIFICATE	OF DEATH Registe	ered NG5 8	629
1. NAME OF DE	CEASED			2. DA	TE AND HOUR PRONOUNC	ED DEAD	
(Type or Print)	EARL	LINK			8/1	.0/65 13:10	D. M
3. PLACE IN BAL	TIMORE, MARYLAND, W		JNCED DEAD	4. USUAL RESIDENCE A. STATE Maryl	(Where deceased lived, If ins	titutian: residence befa	re odmissio
FULL NAME OF	ADDRESS OR LOCA	L OR INSTITU	TION, GIVE STREET		f autside carparate limits, writ	RURAL and give tax	wnship)
INSTITUTION .	ADDRESS OR LOCA	110(1)				5-1	
				Balti: D. STREET ADDRESS) 0 !	
	C M Bank on C	.					0.
C CEV	5 N. Exeter S		NEW CO. A. A. D. D. C. C.	B. DATE OF BIRTH	Exeter St. 9. AGE (In years	If Under 1 Yr. If U	1 . 04 14
s. sex male	white		NEVER MARRIED DIVORCED(specify)	B. DATE OF SIKIH	lost birthday)	Months Doys Ho	ours Min.
	UPATION (Give kind af wark working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	ar fareign cauntry)	12. CITIZEN OF WHAT COUNT	RY?
13. FATHER'S NAM	ME			4. MOTHER'S MAIDEN	NAME		
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS	
1B. Z			CAUSE	OF DEATH			L BETWEEN
DISEA	SE OR CONDITION DI	DECTI V				ONSET A	ND DEATH
	LEADING TO DEATH		Fatty li	ver			
(This daes	nat mean the made af , osthenio, etc. It meons	dying, e.g.,	DUE TO			· · · · · · · · · · · · · · · · · · ·	
injury or co	mplication which coused	death.)					
	ANTECENDENT CAUSE	2					
	OR CONDITIONS, IF A		(B)	.,	· · · · · · · · · · · · · · · · · · ·		
RISE TO TH	TE ABOVE CAUSE (A) ST	TATING THE					
_	NO CONDINON CASI.		(C)		***************************************	· · · · · · · · · · · · · · · · · · ·	
2	- 11						
O TO THE	ENIFICANT CONDITIONS DEATH BUT NOT RES OR CONDITION CAUSING	ATED TO T					
_	F OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	ar Na) 208. IF YES, WERE F	INDINGS CONSIDERE	D
	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., ir , farm, foctory, street, af	or obout 21C. WHERE	DID (If in Baltimare City, g		
UTING CAL	JSE OF DEATH.	etc.)	, tam, toctory, street, at	nee mag., INJORT OCC	. O Kr		
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Year		TE. INJURY OCCURRED WHILE AT NOT W		ID INJURY OCCUR?	Programme (
		m. V	WORK AT WO	DRK			
22. I cer	rtify that I held on I	nquiry 🗌	Inspection Auto	psy x ond that	on this bosis, death in	my opinion	
recu	Ited from: Notural co	see X	Accident Sulcide	Homicide	Undetermined monn	er 🗆	
1030	Tred from: Troffice Co.	2303 650	d d		AL EXAMINER		
ACTUA	L 1/1/200	/	- + (.			DATE	SIGNED
SIGNAT		N.	M.D.	ASSISTANT MEDIC	AL EXAMINER X	0/22/17	
EXAMI	NER'S	II C	/ W D	ASSOCIATE MEDIC	AL EXAMINER	8/11/65	
NAME (pitz, M.D.	TOMY RO	IBD OF MIR	VIANI	(-4-42)
23A. BURIAL CRI REMOVAL (Special		7 1965	C. NAME OF CEMETERY OF	MEDCITY 1	MEDICAL SCI	A town, or county)	(Stato)
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DI	RECTOR	ADDRESS	5 7 7 7
AUG 2	0 1965 Rober		Weight	MORTU	ARY SERVIC	E - BCHD	
VS 151-REV. 1/1.	/65	1 (7)	6 6 B	0 0 1 /	1 17		La constitution

HEREY HOSPIEL IE to B warmer Back "A 24/2/2 1 W 4 tains live William Heneran Grate Pat Erras words themba Categoralaska Caran Brion 8-16 11 11 11 11 11 11 11 Regula Manach F. 115 87 HOLDERY 185 the Home Son Show



BALTIMORE CITY HEALTH DEPARTMENT



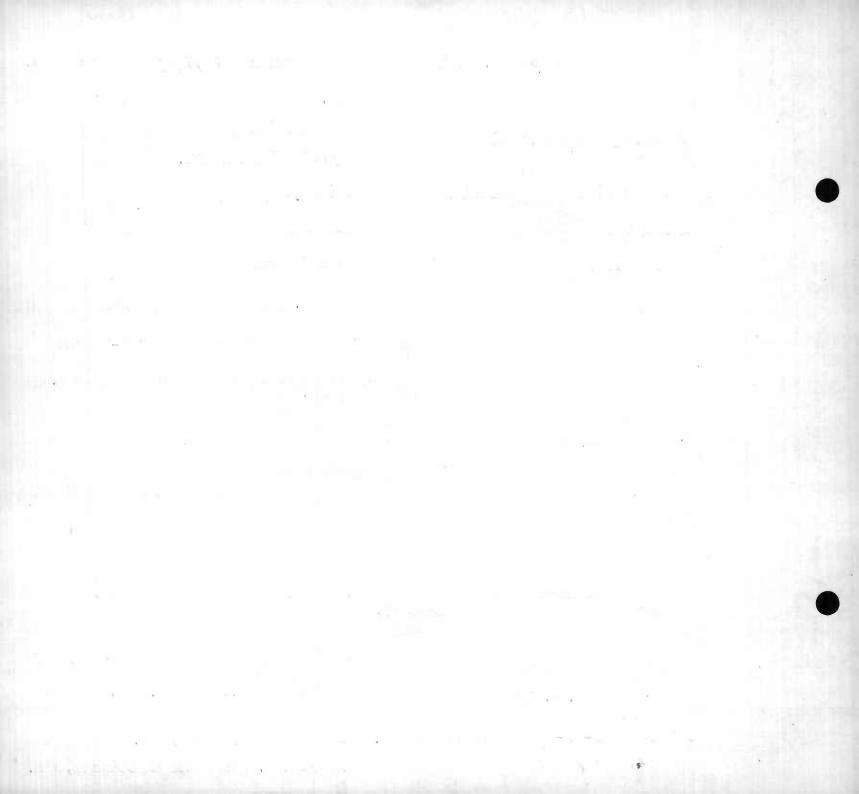
r.F		HEALTH DEPARTMENT		
BIRTH NO. 55	863 CERTIFICA	TE OF DEATH	Registered No.	65 8633
M.E. CASE NO.	warm 1	AZ. DATE AN	ID HOUR OF DEATH	A . E . PR 1
Type or Print) ALL end	er, John	Joseph au	19,1°	965 7 40 M
PLACE OF DEATH IN BALTIMORE, MARYLAND	1	A. STATE B. COUN	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospital or institute oddress or location)	tion, give street	C. CITY OR TOWN UF OUT		(Salte
	1) Hospital	0 11	ore	RURAL and give township)
Union Memorie	4 11 3/201		rural, give location)	Avenue
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	//
	OWED, DIVORCED (specify)		lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
one during most of working life, even if retired)		Ma at la	(WHAT COUNTRY?
Baltimore Co. Detective Li	eut.	14. MOTHER'S MAIDEN NA	ME COL	454
Parke Allene	der		Louise	Lauer
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of sen	SECURITY NO.	17. INFORMANT		ADDRESS
Yes	218-09-4999		llender	same
18.199.21	CAUSE O			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Me	to static C	AVCIDON	ra 4 months
(This does not mean the made at dying,		STATE INC.		
hearl failure, asthenia, etc. It means the dis injury or camplication which caused death.)	3a50,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, a	DUE TO			
rise to the above cause (A) stating UNDERLYING CONDITION last.		h-dudwin-h-d-d-y-u'-u-u'-u-n-h-u-190 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•••••••••••	
		- 12		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				491.7
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While Work At Work	e 📋		
22. I certify that (1) (this hospital) attend	ded the deceased from	8-11	19 65 10	F-19 1945
that (1) (we) lost sow the deceased olive	c. ile	. /		nion death occurred on the dat
ond hour and from the couses stated abo				
23A, SIGNATURE	()	552, 61101 6501111		238, DATE SIGNED
Rodney L. Brin	M.D. Atte	ending Med. Director	Stafl Phys.	8/19/65
23C.PHYSICIAN'S	110	23D. ADDRESS		11
DR. RODNEY L.	BRIMHALL M.D.			
4A. BURIAL CREMATION, 248, DATE 2	4C. NAME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (C	ily, town, or county) (Stote)
REMOVAL (Specify)	W 2			
Burial 8/23/65	Moreland Memoria	2 Park Bal	timore, Mar	yland ADDRESS
AUG 20 1965 P. P. B. E.	Janke Mill			
S 150-REV. 1/1/65	1 (5)	of Gonard A. R	ack Inc 530	5 Harford Road #1

65	5 8634		BALTIMORE CITY HEA	LTH DEPARTM	ENT		
BIRTH NO.	OGGWED	ICAL EX	CAMINER'S C	ERTIFICA	ATE OF DE	ATH Register	ned 5 8634
M.E. CASE NO.						OUR PRONOUNCE	
(Type or Print)	JOHN	J	A. PART	TRIDGE		19, 1965	5:20 A.
3. PLACE IN BAI	LTIMORE, MARYLAND, W			4. USUAL RES	IDENCE (Where dece	sosed lived. If insti B. COU	itulian: residence before admissio INTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		aryland own (If autside ca	rparale limits, write	RURAL and give township)
					altimore	0	103
Uni	ion Memorial F	Hospital			odress (If rural, give		
5. SEX	6. RACE		NEVER MARRIED DIVORGED (specify)	B. DATE OF BI		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months, Days, Hours, Min.
Male	White	marr	•	March	16, 1890	75	
	CUPATION (Give kind of wor f working life, even if retired)	NOB KIND OF	F BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreign co	untry)	12. CITIZEN OF
Ret. St	ructural in	aineer		New !	Jork		USA
13. FATHER'S NA	ME	0		14. MOTHER'S	MAIDEN NAME		
Berna	rd Partridg	e		Mary	Dempsey		
	SED EVER IN U.S. ARM (III)		16. SO CIAL SECURITY NO.	17. INFORMAN		. ,	ADDRESS
yes	WW 1			Isabe	lle Partr	idge	same
18.	200.0		CAUS	E OF DEATH			INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY					
(This daes	LEADING TO DEATH nat mean the mode of	dvina e.a.	(A) Crar	niocerebr	al Injury.		
heart failur	re, osthenia, etc. It means amplication which caused	s the disease,	501 10				
	ANTECENDENT CAUSI						
DISEASES	OR CONDITIONS, IF A		(B)DUE TO				
	THE ABOVE CAUSE (A) S	TATING THE					
Z			(C)				
OTHER SIGN TO THE	(I	CONTRIBUTU	NG				
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T	HE				
	OR CONDITION CAUSING		WHICH OPERATION	20A. AUTOF	SY? (Yes a: Na) 20B.	IF YES, WERE FIR	NDINGS CONSIDERED
0 2	WAS PER	FORMED		Ye	S	CERTIFYING CAUS	ses of DEATH? Yes
21 A. EXTERN	AL CAUSE WAS	21 8.	PLACE OF INJURY (e.g.,	in or about 21 C	WHERE DID (If in	Boltimare City, gir	ve exact location)
UNDERLYING UTING CA	USE OF DEATH.	etc.)	Home		913 Echoda	le Avenue	27-03
21D TIME	(Manth) (Day) (Yea	r) (Hour) 2	TE. INJURY OCCURRED		HOW DID INJURY		
(APPROX.)	8 18 '6	55 A m.	WHILE AT NOT	WHILE X F	ell down s	teps.	
22.	ertify that I held an I	nauiry 🗌	Inspection Au	otopsy 🗴	and that an this b	asis, death in m	ny apinian
	ulted fram: Natural ca		Accident X Suici			etermined manne	
1030	oned mains realistated	-	- John Street		MEDICAL EXAM		
ACTU		a. 1. 1	15		MEDICAL EXAM		DATE SIGNED
SIGNA		ules	1 elly M.C		MEDICAL EXAM		8/19/65
	(Type) Charle	es S. Pe	tty MD.	ASSOCIATE	MEDICAL EXAM	INCK [_]	
23A, BURIAL CR REMOVAL (Spec		23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCA	CTION (City,	town, or county) (State)
burio	al 8-23-1	65	Parkwood (emetery		timore, 1	Nd.
24A. DATE REC'	D BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUN	ERAL DIRECTOR		ADDRESS
AUG	50 1300 OFF	ent E	TOMOGO, ON	Leon	rard J. Ri	uck Inc.	Baltimore, Md
VS 151-REV. 1/1	1/65 1/ 0 2	- 7 6	0 5 0 1	0 0 1	11 0		

and the state of the state of . The contract of the same of A PROPERTY OF THE PARTY OF THE

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



Cotton of the second Window Volta Contract Commence Plant of the Hocosing Sylvery Colland Rose Colland C

Type or Pr		SED					D HOUR OF DEA	
		IN BALTIMORI	NCL PE MARYLAND		4. USUAL	RESIDENCE (When	e deceased lived.	1965
		***			11 .			
HOSPIT.		oddiess or l		ution, give street	C. CITY O	R TOWN (If out	side city limits, w	MORE
1114	1011				BAL	TIMORE		1-03
49			/	Han O mind	D. STREET		urol, give location	
5. SEX	6.	RACE	7. MA	HOSPITAL	B. DATE OF	MELV BIRTH	AGE (In years	If Under 1 Yr. 1
m		A ALI (I.		DOWED, DIVORCED (specify	TUNE	26 ,50 \$	ost birthdoy)	Months Doys H
10A. USUA				NO OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State of forei	gn country)	12. CITIZEN OF
		ting life, even if re		LIAL SECURIT	V PEA	INSUL NE	h (114	4.S.
13. FATHE	SNAME	7		· Jie Correct	14. MOTHE	ER'S MAIDEN NAM	AE .	, , ,
MA	REA.	ALL DA			mu	MIC R-	STIC	
15. Wos D	ceosed Evenknown) (If	or in U. S. Arm yes, give wor	ed Forces?	16. SOCIAL SECURITY NO.	17. INFORM	HANTI	21/6	ADDRESS
	Now				WIFE) OCTH N	LIPA S	Am E
18.	NOWI	1 / 1		220-12-817 CAUS	E OF DEATH) DEJ IF IV	wir, 0	INTERVAL ONSET AI
(Th. 1 -				(A) /	I TO STILL THE			
		mean the made			RESPURA			
heort	oilure, ost	henia, etc. It r	neans the dis	sease,		,		
heort	oilure, ost ar camplic		neans the dis oused deoth.)	sease,		,		
heort	oilure, ost ar camplic ANI	henia, etc. It r cotian which co TECEDENT CA	neans the dis oused deoth.)	(B)	NCE MA	LO MALA	C14	
DISEA	oilure, ost ar camplic ANT SES OR ta the	henia, etc. It rection which corrected to CONDITIONS, above—couse	means the dis oused deoth,) LUSES , if any, ((A) stating	(B)	NCE MA	LO MALA	C14	ol ARTERY
DISEA	oilure, ost ar camplic ANT SES OR ta the	henia, etc. It rection which corrected to CONDITIONS, abave course CONDITION la	means the dis oused deoth,) LUSES , if any, ((A) stating	(B)	NCE MA	LO MALA	C14	al pathag
DISEA	ANT SES OR to the CRLYING C	henia, etc. It r cotian which co TECEDENT CA CONDITIONS, abave couse CONDITION la:	neans the discoused death.) USES if any, ((A) stating st.	giving (C)	NCE MA	LO MALA	C14	ol ARTERY
NOTHE TO DISEA IN DISEA	ANT SES OR the line of RLYING CO SIGNIFIC. HE DEAT	henia, etc. It received which corrected with the CONDITION In the CONDITION In the CONDITION IN THE BUT NOT NOTION CAUSE	neans the discount depth.) LUSES , if any, grading st. DNS CONTRIBERELATED TOURS IT.	giving (B) (B) (B) (C) (C) (T) (B) (D) (C) (T) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	NCE CHA TER 1056 FROM BOS	LEROTIC LEROTIC IS OF D	CEREBRI	
NOTHE TO DISEA IN DISEA	ANT SES OR the line of RLYING CO SIGNIFIC. HE DEAT	henia, etc. It rection which confidence couse couse couse couse couse the confidence couse	neans the discount depth.) LUSES , if any, grading st. DNS CONTRIBERELATED TOURS IT.	giving (C) The SUTING THE	TER 1056 FROM BOS	LO MALA LEROTIC IS OF DA	CEREBRI CEREBRI	ERE FINDINGS CONSIDE CAUSES OF DEATH?
DISEA rise UNDI OTHE TO STANDING TO STANDI	ANT SES OR THE THE DEAT SE OR CO ATE OF OF	henia, etc. It received henia, etc. It received henia which corrected henia he	if any, (A) stating st. ONS CONTRIBUTE TENDED TO SING IT. CONDITION S PERFORMED	giving giving The BUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (6	TER 105C TROM BOS	LEROTIC IS OF DA	CEREBRI CEREBRI 1008. IF YES, W IN CERTIFYING	ERE FINDINGS CONSIDE
DISEA rise UN DI DISEA 10 A DI 19 A D 21 A A D	ANT SES OR TO THE DEAT SE OR CO ATE OF OF	henia, etc. It rection which corrected with the conditions, above couse condition in the condition cause. The condition cause condition cause condition cause condition cause condition cause condition cause conditions cause cause conditions cause cause conditions cause caus	if any, (A) stating st. ONS CONTRIBUTE TENDED TO SING IT. CONDITION S PERFORMED	giving The (C) BUTING TO THE FOR WHICH OPERATION	TER 105C TROM BOS	LEROTIC IS OF DA	CEREBRI CEREBRI 1008. IF YES, W IN CERTIFYING	ERE FINDINGS CONSIDE CAUSES OF DEATH?
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DISEARISE UNDI VOITE TO THE TO	ANT SES OR to the or RLYING C SIGNIFIC HE DEAT SE OR CO ATE OF OF CCIDENT NTRIBUTIN (notify me ME URY (DX.)	henia, etc. It rection which contents which contents was couse couse condition to the surface of	if any, (A) stating st. ONS CONTRIBUTED T SING IT. CONDITION S PERFORMED ITS (Year) (Hours	giving Jhe BUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (Chome, form, foctory, streetc.) 21E. INJURY OCCURRED White At Not Not Work At Maded the deceased from	20A. AU 20A. AU 20A. AU 20A. AU 20A. AU 21 While 21	LEROTICALIS OF LOT NO NO CO. WHERE DID HIURY OCCUR?	CEREBRA CEREBRA 208. IF YES, W IN CERTIFYING (If in Bolt	ERE FINDINGS CONSIDE CAUSES OF DEATH? imore City, give exact locations Tubus 19
MEDICAL CERTIFICATION AND COLOR COLO	ANI SES OR the line of RLYING COMMENT OF OF COMMENT	henia, etc. It rection which corrected which corrected to the course condition in the condition of the condition cause cau	neans the discussed death.) AUSES if any, if	giving Jhe BUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (content of the deceased from and the dece	TER OSE TROM BOS 20A. AU 20A. AU 20A. AU 21 While Vork 19	LER OF CALLER OF TO NO NO CO. WHERE DID HURY OCCUR? IF. HOW DID INJURY OF THE PROPERTY OF THE	CEREBRA CEREBRA 208. IF YES, W IN CERTIFYING (If in Bolt	ERE FINDINGS CONSIDE CAUSES OF DEATH? imore City, give exact loa
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MEDICAL CERTIFICATION AND COLOR COLO	ANI SES OR the line of RLYING COMMENT OF OF OF OF OF OF OR	henia, etc. It rection which corrected which corrected to the course condition in the condition of the condition cause cau	neans the discussed death.) AUSES if any, if	giving The (C) The purpose of the pu	TER OSE TROM BOS 20A. AU 20A. AU 20A. AU 21 While Vork 19	LER OT CLER OF THE LIS	CEREBRA CEREBRA 208. IF YES, W IN CERTIFYING (If in Bolt	ere findings consider causes of death? imore City, give exoct low opinian death accurr
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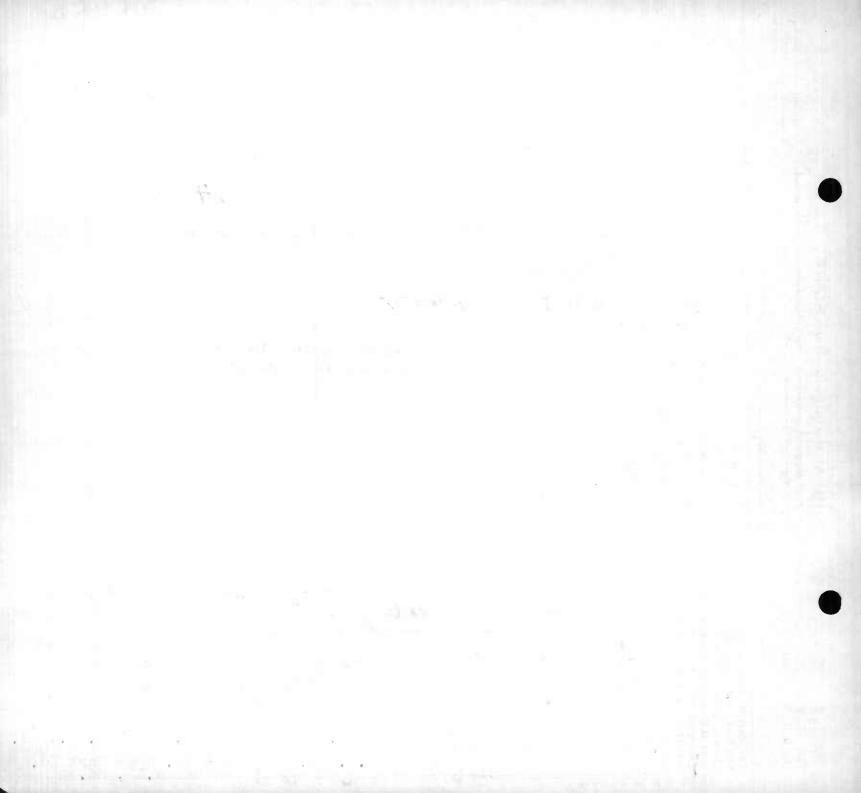
Samuel C. Landian

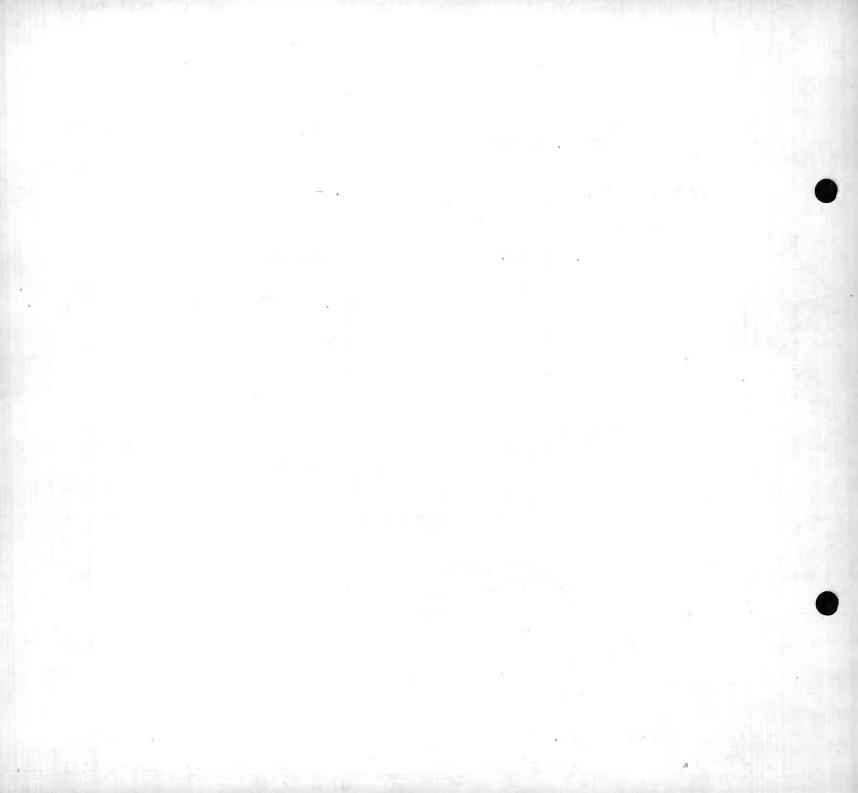
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IMPORTANT

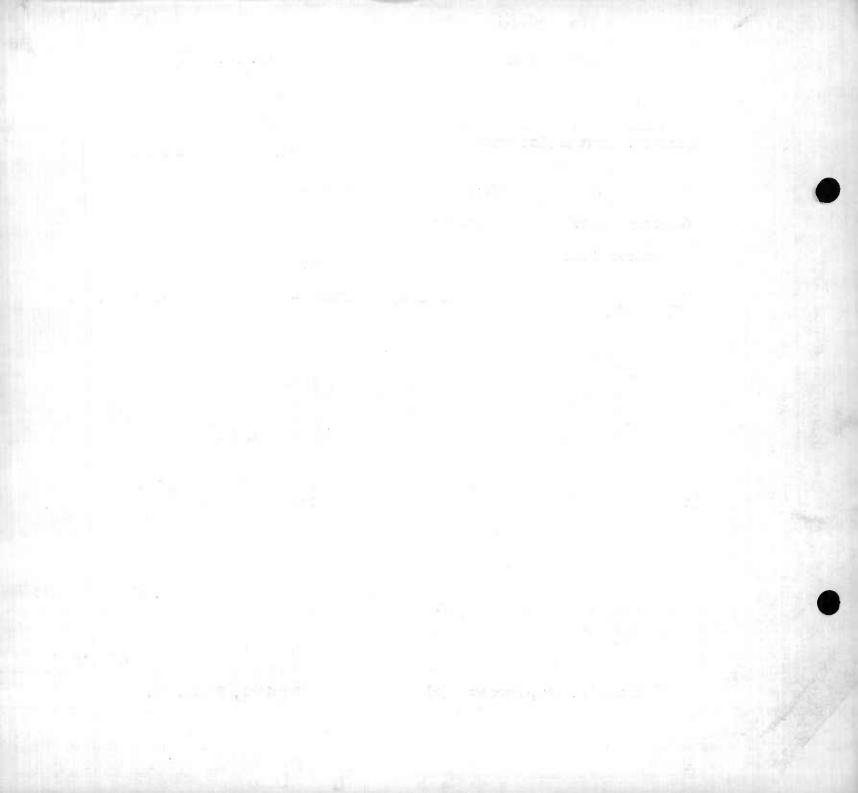
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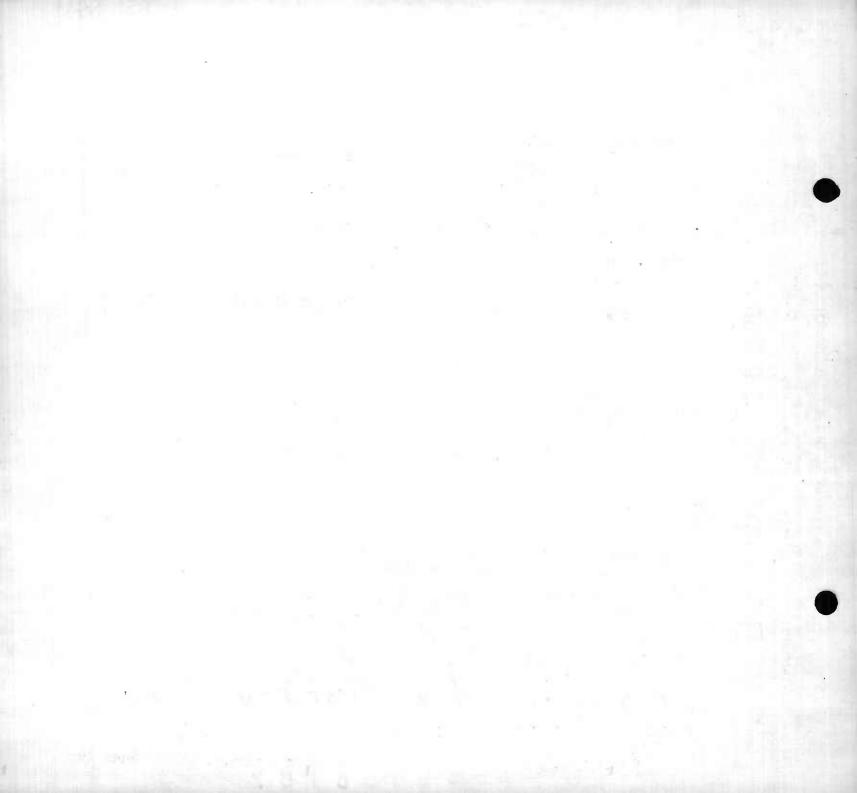




BALTIMORE CITY HEALTH DEPARTMENT



ME CASE NO.	CEASED			In 80	ATE AND IL	OLID OF DEAT		
Type or Print)	VIOLA	BRAXTON	JOHNSON			17, 196		
PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENC				esidence belore odm
FULL NAME HOSPITAL OR INSTITUTION	address or lacotic		e street	Md c. city or town Baltimore	(If outside		RURAL on	d give tawnship)
Prov	ident Hospit	al		D. STREET ADDRESS		give location)		
S. SEX	6. RACE	7. MARRIED, N	EVER AAA SSIED	1235 Arg		AVE GE (In years	If the de	. 1 Va. If Hadas S
F	C	WIDOWED,	DIVORCED (specify)	July 10, 19	004 lost	61		Doys Haurs
	CUPATION (Give kind of word for the control of the	Home		Maryland	e ar fareign c	auntry)		ZEN OF AT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S MAID	EN NAME			
John H	H. Cox			Margaret				
5. Wos Deceese	d Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT				ADDRESS
	(II yes, give war or dot	es of service)	SECURITY NO.	Man Man 4	C4	7000 0		Anna
No			A 4110-	Mrs Mary	otewart	1235 Ax	gyle	Ave
18. 4	43 X I	111111111111111111111111111111111111111	CAUSE	OF DEATH				ONSET AND DEAT
							1= 40 -	9 (11
heart failure	LEADING TO DEATH nat mean the made of , asthenia, etc. It means implication which caused ANTECEDENT CAUSES	f dying, e.g., s the disease, d death.)		ARDIO VI YPERT				
DISEASES rise la II UNDERLYIN	nal mean the made at a state of the course o	d dying, e.g., s the disease, d death.) S any, giving staling the	(B) H		EN	SON		2 41
DISEASES rise la li UNDERLYIN OTHER SIGN TO THE	nal mean the made at a state of the abave cause (A) G CONDITIONS, if the abave cause (A) G CONDITION fast.	d dying, e.g., sthe disease, death.) Sany, giving staling the CONTRIBUTING ATED TO THE	(B) A	YPERT	ENS	SO N		2 4
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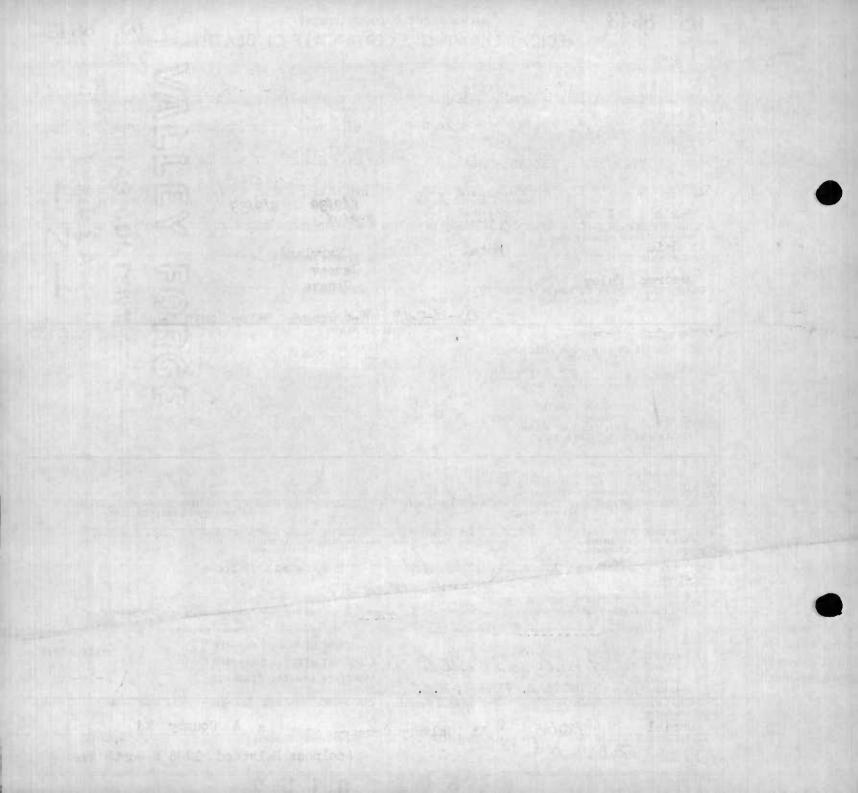


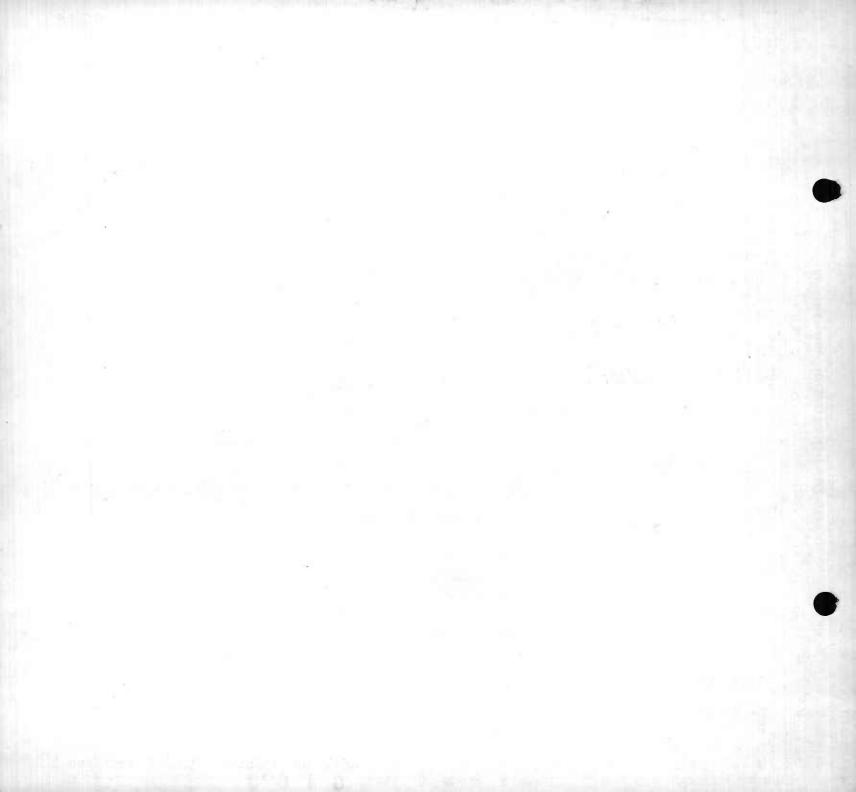
6.04 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
A. STATE
B. COUNTY CITY OR TOWN (If outside corporate limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 2. CITIZEN OF WHAT COUNTRY? Walker 3475 Chelsea Ave INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) home, form, factory, street, office bldg, INJURY OCCUR? WHILE AT NOT WHILE Apparent accidental suffocation Inspection Autopsy X I certify that I held an Inquiry and that on this basis, death in my apinian Accident X resulted from: Natural causes Hamicide Suicide Undetermined manner CHIEF MEDICAL EXAMINER 8/15/65 ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S R. Breietenecker NAME (Type) 23A. BURIAL CREMATION REMOVAL (Specify) Burial 23C. NAME of CEMETERY or CREMATORY 23B. DATE 23D. LOCATION (Stote (City, Jawn, or county 24A. DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR 248, NAME OF REGISTRAR DDRESS Addlphus Halstead North Ave VS 151-REV, 1/1/65

THE CO. LEWIS CO. Cherse 1.

VS 151-REV. 1/1/65

	65 8643			BALTIMORE CITY HEAL	TH DEPARTMENT		65 8643
BIRT	H NO.		CAL EX	AMINER'S CI	ERTIFICATE (OF DEATH Registe	
M. E	. CASE NO.						
l. N	AME OF DECEASED				2. DA	TE AND HOUR PRONOUNC	ED DEAD
		MARIAN		MISON		8-16-65	11:13 A M.
3. P	LACE IN BALTIMORE,	MARYLAND, WH	ERE PRONOL	INCED DEAD	4. USUAL RESIDENCE A. STATE	(Where deceased lived. Il inst	itution: residance before odmission)
HO:	L NAME OF (IF I	NOT IN HOSPITA DRESS OR LOCAT	L OR INSTITUTION)	JTION, GIVE STREET	Maryland c. city or town	f outside corporate limits, write	RURAL and give township)
3	UNIVERS	ITY HOSPI	ITAL -	DOA	Baltimore D. STREET ADDRESS	llf rurol, give location)	0 0
5. S	EX 6. RACE		7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	toga Street	If Under 1 Yr. If Under 24 Hrs.
			WIDO WED,	DfVORCED(specify)	8#9#99	8/9/30st birthdays	Months, Doys, Hours, Min.
		ored	SEPA	RSTED BUSINESS OR INDUSTRY	### LOT !# !	or foreign country)	12. CITIZEN OF
	during most of working lil					- 1010-g. 1010-1117	WHAT COUNTRY?
13. F	Maid ATHER'S NAME		Ho	tel	14. MOTHER'S MATURE	NAME	
	Gooman Ha	3			Geneav		
	WAS DECEASED EVER			16. SOCIAL	17. INFORMANY		ADDRESS
Yes	, no or unknown) (II yes,	give war ar dotes	ol service)	SECURITY NO.			
	18.			219-26-2243	Mrs Geneva	Haley 2019 Pe	ANO ANO INTERVAL BETWEEN
	581.0	1		CAUSE	OF DEATH		ONSET AND DEATH
		ONDITION DIR	ECTLY	Fa	tty liver		
	(This does not mean heart loilure, asthenia	the mode of	dying, e.g.,	DUE TO			
	injury or complication	which coused d	eath.)				
	ANTECE	NDENT CAUSES		4 80			
	DISEASES OR CON	DITIONS, IF AN	NY, GIVING	DUE TO			
	UNDERLYING CON		A III O III E	(0)			THE RESIDENCE
S N				(C)	•	••••••••••	
CERTIFICATION	OTHER SIGNIFICAN	II T CONDITIONS (ONTRIBUTII	NG			
F	TO THE DEATH			HE		**********************************	
ERT	19A. DATE OF OPERAT	TON 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE FI	
O	2	WAS PERF	ORMED		Yes	IN CERTIFYING CAU	SES OF DEATH?
O	21 A, EXTERNAL CAUS UNDERLYING OR CO UTING CAUSE OF D	NTRIB	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, foctory, street, c	in or about 21C. WHERE INJURY OCC	DID (If in Boltimare City, gi	ve exact location)
	21 D TIME (Month)	(Doy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
	(APPROX.)			WHILE AT NOT	WHILE		
	22.	11-11 1					
			_			an this basis, death in n	
	resulted fran	n: Natural cau	ses A	ccident Suicid			er [_]
	ACTUAL	0	10 /			AL EXAMINER X	DATE SIGNED
	SIGNATURE	Tusses	420	MILL M.D.	ASSISTANT MEDIC		0 16 65
72.4	EXAMINER'S NAME (Type)			HER, M.D.	ASSOCIATE MEDIC		8-16-65
	BURIAL CREMATION AOVAL (Specily)	, 238 DATE	23	C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City,	, town, or county) (State)
	Burial	8/20/6	5	Mt Calvary C	emetry	A A County	Md
24A	DATE REC'D BY HEA		24B. NAME	OF REGISTRAR			ADDRESS
A	NP S A 1202	Mober "		Y Table Co.	Adolphus	Halstead 1206	W North Ave





07 0045	BALTIMORE CITY	Y HEALTH DEPARTMENT		OF OCAE
BIRTH NO. 65 8645	CERTIFICA	TE OF DEATH	Registered No.	65 8645
N.E. CASE NO.		2. DATE AND	HOUR OF DEATH	
Type or Print) John Stins	on	Augus	t 17, 19	65 10:15 P M
B. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, If in	stitution: residence before admission)
SHILL MARKE OF All and in bounded or inchi	huti	Maryland	1	1-1
FULL NAME OF (If not in hospital or institution) INSTITUTION FULL NAME OF (If not in hospital or institution) Oddress or location)		C. CITY OR TOWN (If outs	ide city limits, write	RURAL ond give (pwnship)
Provident Ho	-	Baltimore		
2 1 1514 Divisio			rol, give location)	
Baltimore, M	laryland	734 Cumberl	and	
SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	lidowed	March 14,90	75	
A. USUAL OCCUPATION (Give kind of work 108, KI		11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		Florida		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	0.5.4.
Henry Stinson		Leth		
	11 (200:::			4.5.75.00
o. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	17. INFORMANT		ADDRESS
No	220-30-4206	Addie Tinsle	ey 734 C	umberland St.
18. 4-20-0-15 3	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) C	ongestive Hear	t Failure	e
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di	20020	ue to Arterios	clerotic	
injury ar camplication which caused death.		eart Disease		
ANTECEDENT CAUSES	DUE TO	hock	\$\$\$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
DISEASES OR CONDITIONS, if any,	giving 1	ntestinal Obst		
rise la lhe abave cause (A) slaling UNDERLYING CONDITION last.		arcinoma of th		
	W.	ith multiple M	<u>letastase</u> :	S
OTHER SIGNIFICANT CONDITIONS CONTRICT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING TO THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		No	IN CERTIFYING CA	USES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, c	office bldg., INJURY OCCUR?		
		015 110111		
21D. TIME (Month) (Doy) (Yeor) (House		21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work			
22. I certify that (I) (this hospital) atter	nded the deceased from 8	-9- 19	65 to 8-	17- 19 65
that (I) (we) lost saw the deceased aliv	0 17 65		A la (mu) (ous) eni	nion death occurred on the do
	***************************************		1 111(my) (001) opi	mon death occurred on the do
and hour and from the causes stated ob	1ve. 41 (me) (ald) (ald not)	view the body offer deoff.		23B, DATE SIGNED
	A . LA M O M.D. AH	tending Med	Stoff V	
	wera, M. D. M.D. AH	ys. Director P	hy s.	August 17, 19
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
Jose B. Corve	era M.D.	1514 Divisio	n Street	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR			ity, town, or county) (Stole)
Burial 8/21/65	Wt Assharen C.		Admin	26.3
-//-/	Mt. Auburn Ce	25C. FUNERAL DIRECTOR	Ltimore,	Md. Address
AUG 2.0 1965 (P.O. A. E.	Janky HAT	Men H L	11 150	1231601. 0
The second of the second of	44900	Horse H. Le	can 15%	OII. Withoun M
VS 150-REV. 1/1/65	a sa sa car	0 1 0 1		

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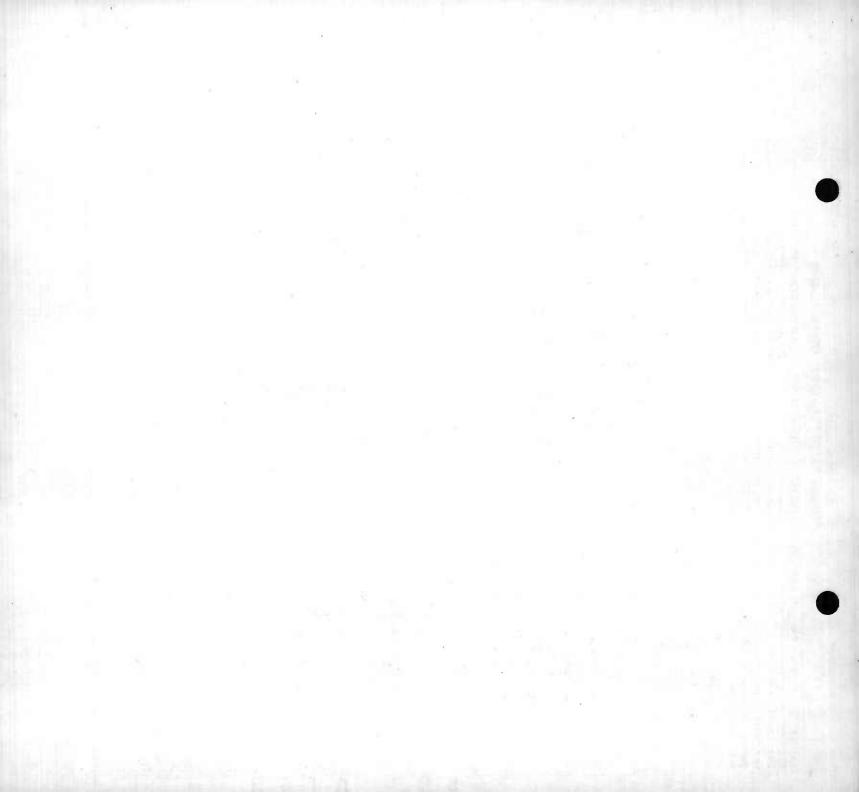
. The contraction and the contraction of the contra

Year Land

8646 Registered No. BIRTH NO. CERTIFICATE OF DEATH and of death (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO ALPHONEUS ENIS hospital eath. USUAL RESIDENCE (Where secessed lived. II institution: residence before admiss. STATE B. COUND ance A. STATE COUSE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR (Il outside city limits, write RURAL and give township) (4) Undetermined cause; INSTITUTION unne prior contributing D. STREET ADDRESS (If rural, give location made QL 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years S. SEX Il Under 1 Yr. Months: Doys II Under 24 Hrs. eceased Hours regul WIDOWED, DIVORCED (specily) 902 lost birthdoy 10A USUAL OCCUPATION (Give kind of work 10 PKIND OF BUSINESS OR INDUSTRY BLATHPLA CE Stote or foreign country 12. CITIZEN OF done during most of working life, even if retired) disposition WHAT COUNTRY? death = Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME death LO IMPORTAN 15. Was Decrased Ever in U. S. Armed Forces? (Yes, no or Jaknown) (II yes, give wor or dates of service) ADDRESS 17. INFORMAN 6. SOCIAL SECURITY NO attendance -07-3274 any CAUSE OF DEATH pronounced 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, osthenio, etc. It means the disease, DIRECTOR: OL injuly of complication which caused death.) regul ANTECEDENT CAUSES who Gre DISEASES OR CONDITIONS, if any, giving 3 to the obove couse (A) stoting the (C) hysician the remains UNDERLYING CONDITION last. Was FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION O WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, lorm, loctory, street, office bldg., INJURY OCCUR? hospital MEDICAL DEATH (notily medical examined) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX) Work At Work any 22. 1 certify that (1) (this hospital) attended the deceased from... 19 65 that (1) (we) last sow the deceased alive on ond that in (my) (our) opinion death accurred on the date eath) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. accident 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. approval Phys. 0 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) M.D 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY shows: (1) 24D. LOCATION (City, town, or county) the body o REMOVAL (Specily) Thed Val Was his 258, NAME OF 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

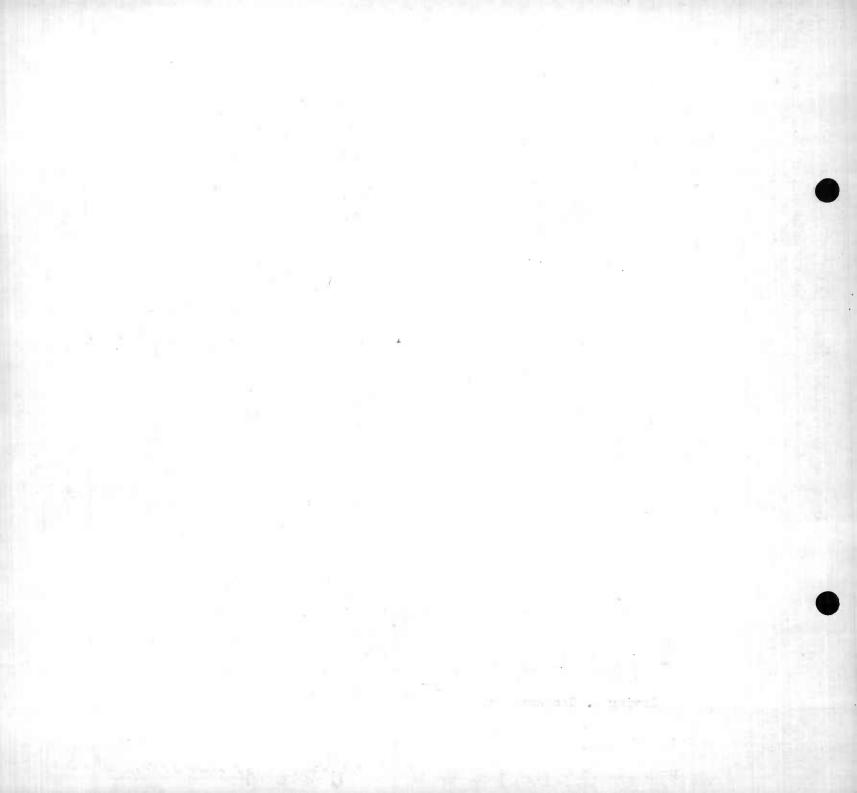


-52		TE OF DEATH Registered NG.5 864	,
of death Deceased e on the	M.E. CASE NO. CERTIFIC	ATE OF DEATH Registered NS.5 8647	
	1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
I	Rose Taylor 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	August 18, 1965 9:5	O P.M.
l	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence to A. STATE B. COUNTY	refere admission)
h	FULL NAME OF (If not in haspital or institution, give street address ar location)	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give to) 4
	INICTITUTION		/nship)
	Baltimore City Hospital 4940 Eastern Avenue	Baltimore D. STREET ADDRESS (If rurol, give lacation)	
	Baltimore, Maryland 212	3	
+	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr.	If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)		Hours Min.
	Female Negro Divorced	RY 11. BIRTHPLACE COLOR of fareign country) 12. CITIZEN OF	
P	dane during mast of warking life, even if retired)	WHAT COUL	
1	13. FATHER'S NAME	Maryland U. S.	A •
	Fr VI C		
1	18, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL	17. INFORMANT ADDRES	S
1	(Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.		
-	NO	RECORDS: BCH 4940 Eastern Ave	nue 21224
ì	DISEASE OR CONDITION DIRECTLY		ND DEATH
	LEADING TO DEATH	te Myocardial Infarction 12 Da	VC
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	var vilorerarar intercorrective be	JR
	injury as complication which could death)		
	ANTECEDENT CAUSES (B) SU	gery-Abdominal Exploration 13 D	ays
I	DISEASES OR CONDITIONS if any giving		
ı	rise to the above cause (A) stating the (C) CA. UNDERLYING CONDITION tast.	ccinoma of Pancreas 3 Mon	tns
	II .		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	4	
	DISEASE OR CONDITION CAUSING IT.	100 A	
	38-5-1965 Carcingma of Pancr	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSID IN CERTIFYING CAUSES OF DEATH?	EKED
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUST (e.g. home, form, foctory, street	Pas Yes Yes Yes If in Baltimate City, give exact to	acotion)
ı	CIDENIA (nativ medical examiner	office bldg., INJURY OCCUR?	
	O	21F. HOW DID INJURY OCCUR?	
	White At Not W	hile 🗀	
	Wark L Al W	rk —	
	22. I certify that (I) (this haspital) attended the deceased from		19.65.
	that (I) (we) lost sow the deceased alive on August 18		red an the date
	ond hour and fram the causes stoted above. (1) (We) (did) (did not		
	23A. SIGNATURE M.D.	238. DATE SIGNE	
			18, 1965
	23CTPHYSICIAN'S NAME (Type)	23D. ADDRESS	07.00)
		4940 Eastern Avenue Balto., Md	
	REMOVAL (Specify)	4	(State)
	P. 1 6 55 1 - MY	N lem. Beltimore, md.	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 20 1965 Polent E. Johny M.	25C. FUNERAL DIRECTOR ADD	RESS
1	AUG 20 1965 Robert E. Tarber	Storge A. Kehen 1348N. Calhon	- 5x
	VC 160 DEV 1/1/46		

E. 2691

IMPORTANT

DIRECTOR:

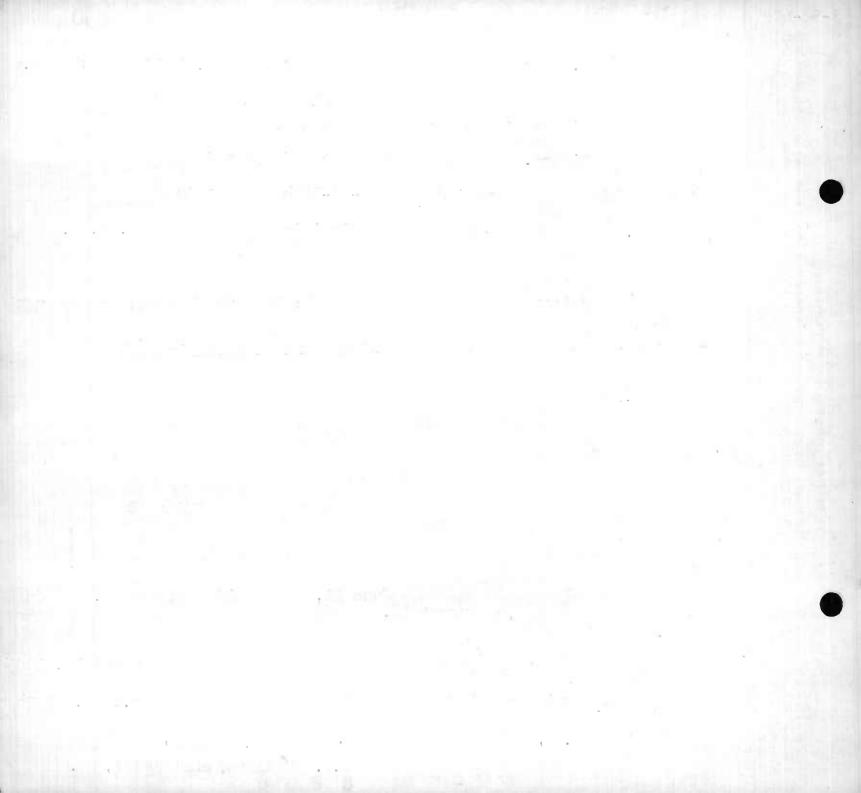


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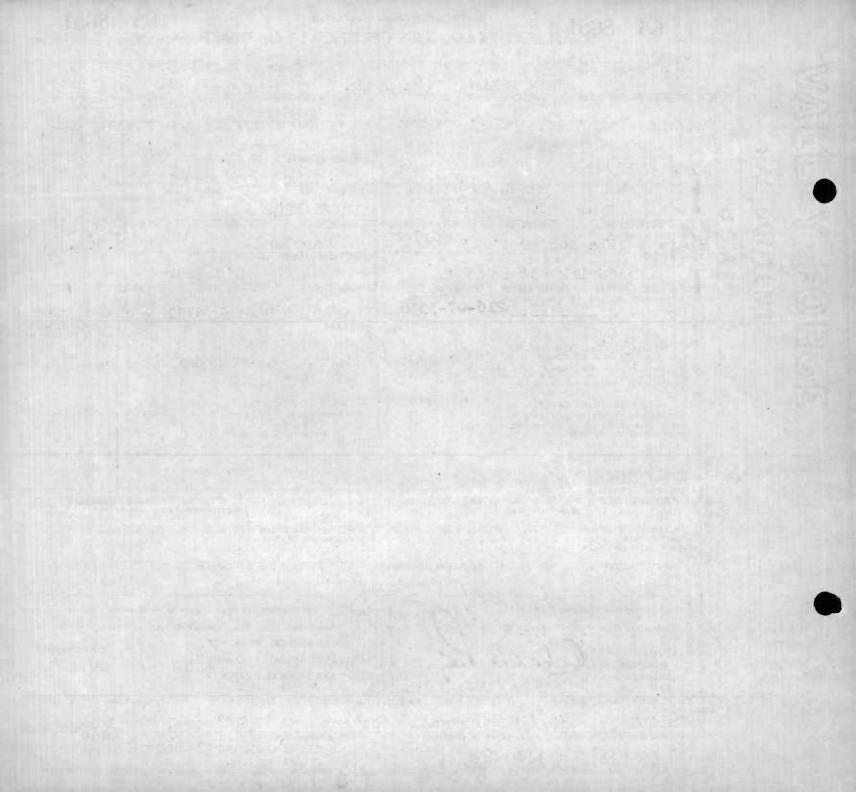
DIRECTOR:

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BARRY MARKET PARTY OF THE PROPERTY OF THE PARTY OF THE PA



BIRTH NO. 65 865 MEDICAL EXAMINER'S C			EATH Register	PO 8031
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			HOUR PRONOUNCE	
JOSEPH Olin STARCK,	Sr.	Aug	ust 18, 1965	5:00 P _M .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A CTATE	ryland	deceosed lived. If insti B. COU	tution: residence before admission) NTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		~	corporate limits, write	RURAL and give township)
INSTITUTION		ltimore) /	1-05
Union Memorial Hospital	D. STREET ADD			
			ard Avenue	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male White Married	12/26/		9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF
done during most of working life, even if relired F. A. Taylor Slate & Tile Robfer F. A. Taylor		yland		U.S.A.
	14. MOTHER'S M	AIDEN NAME		
Frederick Starck			O'Conner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT			ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) NO 216-97-3338	Wathari	no Sto	rok 6777	Richard Avenue
	E OF DEATH	TIG DUC	a Ch Olli	INTERVAL BETWEEN
4001	0. 02/			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	0 - 1:	1 D	
(This does not mean the mode of dying, e.g., DUF TO	Loscleroti	c Cardi	ovascular D	isease.
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO				
UNDERLYING CONDITION LAST.				
ζ (C)				
II SOUTH AND THE				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION			*********************************	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY		20B. IF YES, WERE FIN	
WAS PERFORMED	Yes		IN CERTIFYING CAUS	Yes
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	If in Boltimore City, giv	
UNDERLYING OR CONTRIB- DUTING CAUSE OF DEATH. home, form, foctory, street, etc.)	office bldg., INJUR	Y OCCUR?		
OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. H	OM DID INTO	RY OCCUR?	
	WHILE			
22		d that on thi	s bosis, deoth in m	ny opinion
resulted from: Notural couses X Accident Suicid			Indetermined monne	
resulted from: Notorol couses & Accident / Suicid				
ACTUAL (1)		EDICAL EX		DATE SIGNED
SIGNATURE Charles lelly M.D	. ASSISTANT M	EDICAL EX	AMINER E	8/19/65
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE A	MEDICAL EX	AMINER	0, 19, 03
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY	23 D. L	CATION (City,	town, or county) (Stoto)
Burial 8/21/65 Parkwood Ce:	metery	Ba	altimore,	Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
AUG 23 1965 (P.D. & E. Falling			uneral Hom Ford Rd	l e
VS 151-REV. 1/1/65	001	7.	-UI U 11U.	



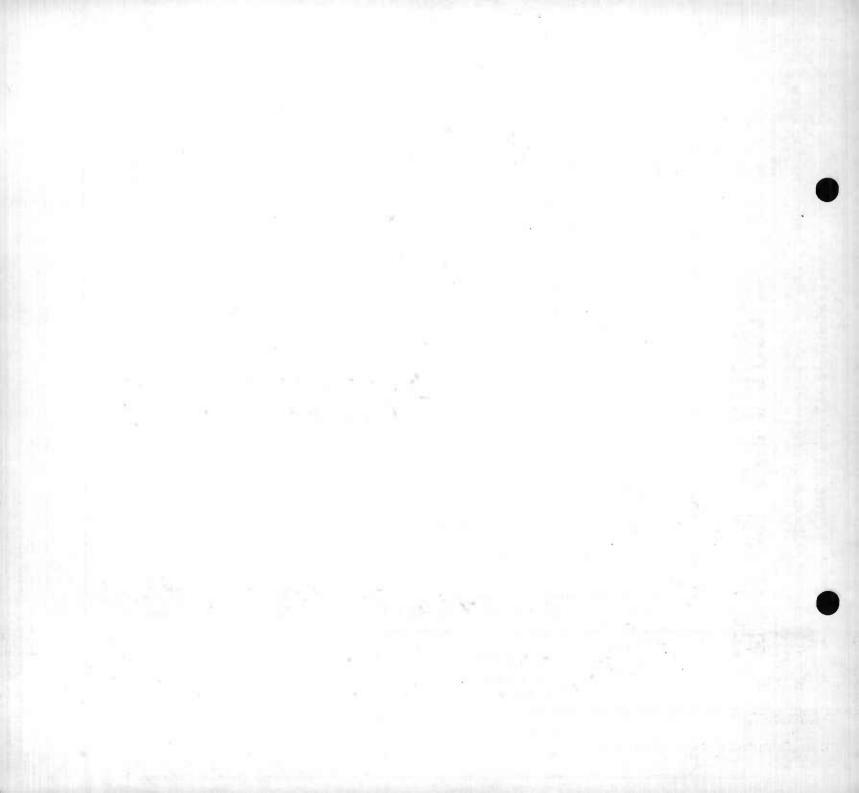
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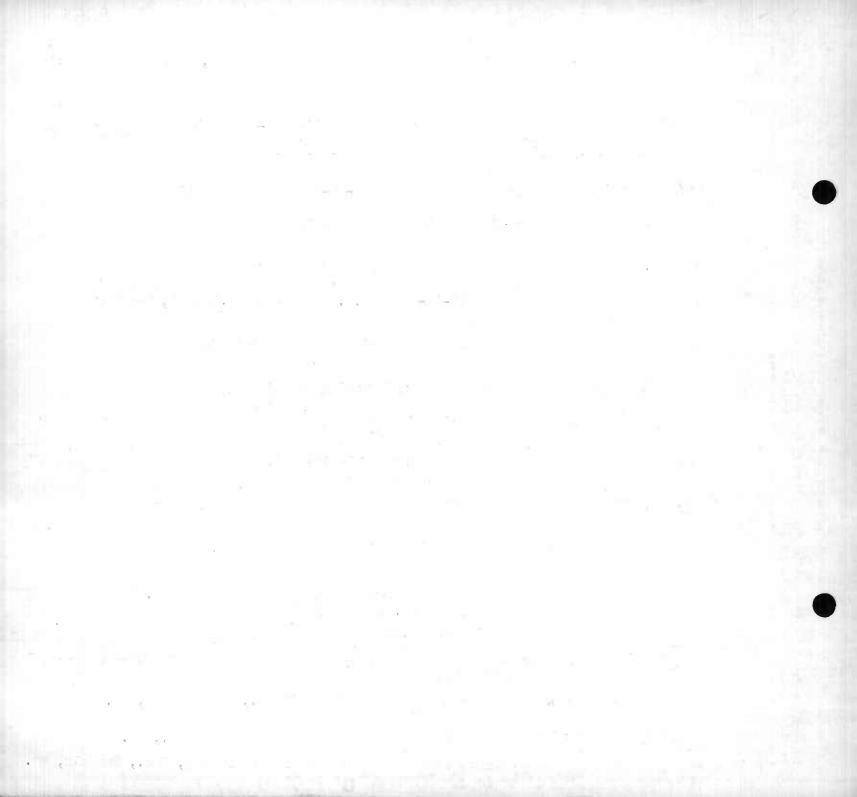
DIRECTOR:

Security of the second of the second E. J. Landley Com N. 28 Ac- 2 A 3/44A The control of the Sever VI with the same of t KARLEY TRACTORIES and the comment D-THEODIE & NOW JANE S MERCH · Cherry March Virgo

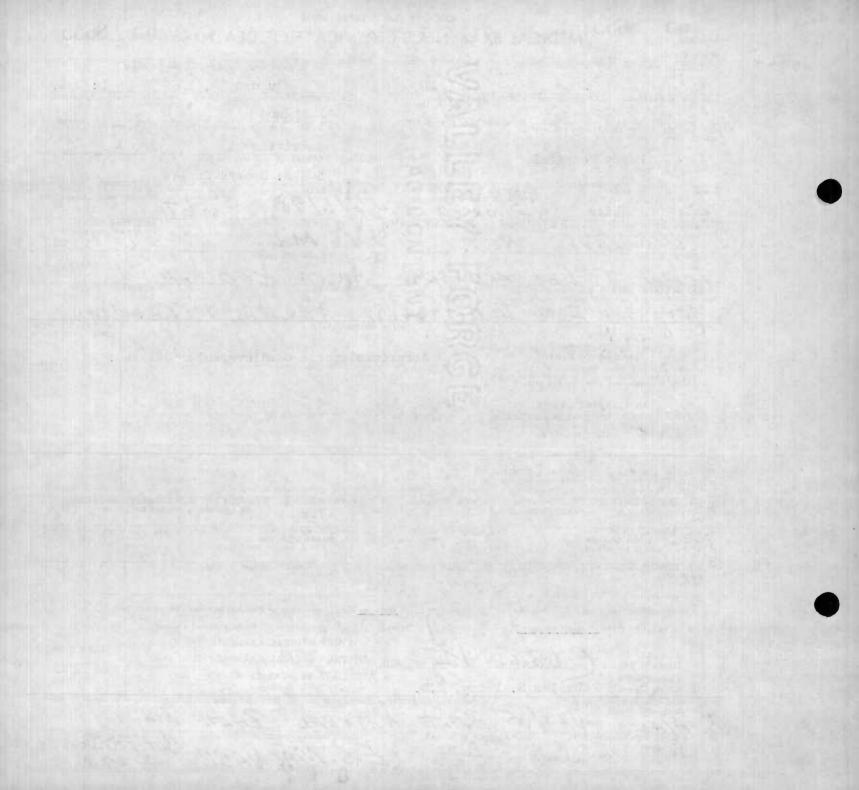
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DIRECTOR:





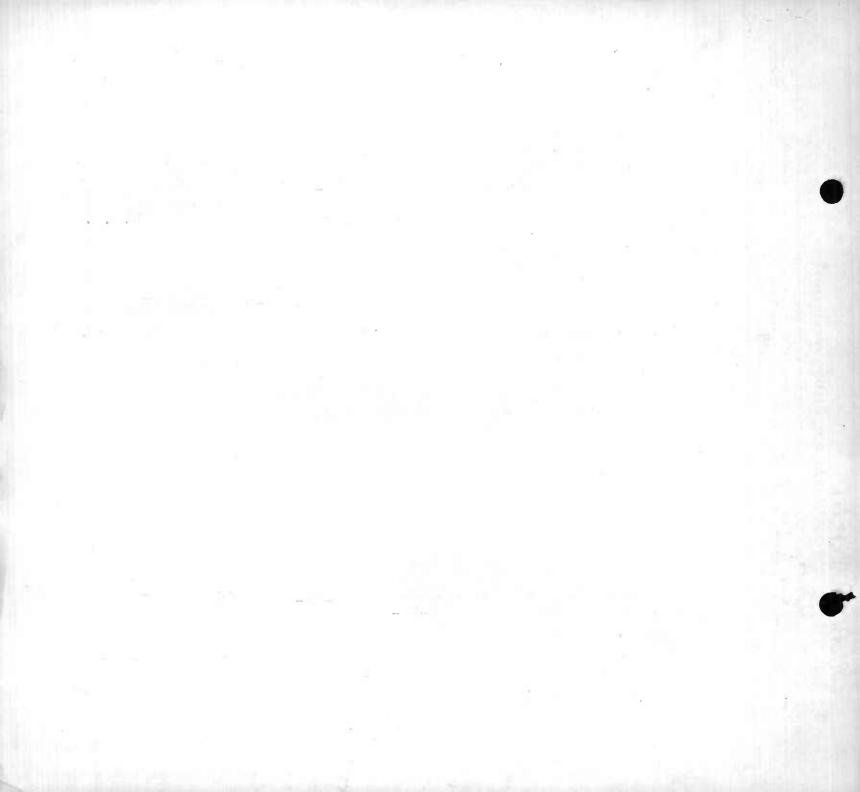
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 8655
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JOHN J. LEONARD	August 19, 1965 2:30 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Mercy Hospital	Baltimore D. STREET ADDRESS (If rurol, give locotion)
3 / Mercy Mospital	508 N. Howard Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male White DIVORCED (specify)	6/6/98 lost birthdoy) 7 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR)	
done during most of working life, even if retired)	Md. U.S.a.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TOLY T. LEONARD SR.	ANNA KEOUGH ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
Yer WWI WWIL 2172666	98 TRANCIS X LEONARD
V8. 24 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1
(This does not mean the mode of dving e.g.,	iosclerotic Cardiovascular Disease.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21A, EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB- UTING □ CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR?
7	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.)	WHILE OVER
22.	
	and that an this basis, death In my aplnian
resulted fram: Natural causes X Accident Suicid	
ACTUAL O /	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (Lalles / Pelly M.D.	ASSISTANT MEDICAL EXAMINER X 8/19/65
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
BEMOVAL (Specify) 8/23/65 BALTO. N	ATIONAL BALTO ML.
AUG 23 1965 Robert E. Larbuy M.	E.S. MACNABB 301 FREDERICK N
VS 151-REV. 1/1/65	18 /11/100

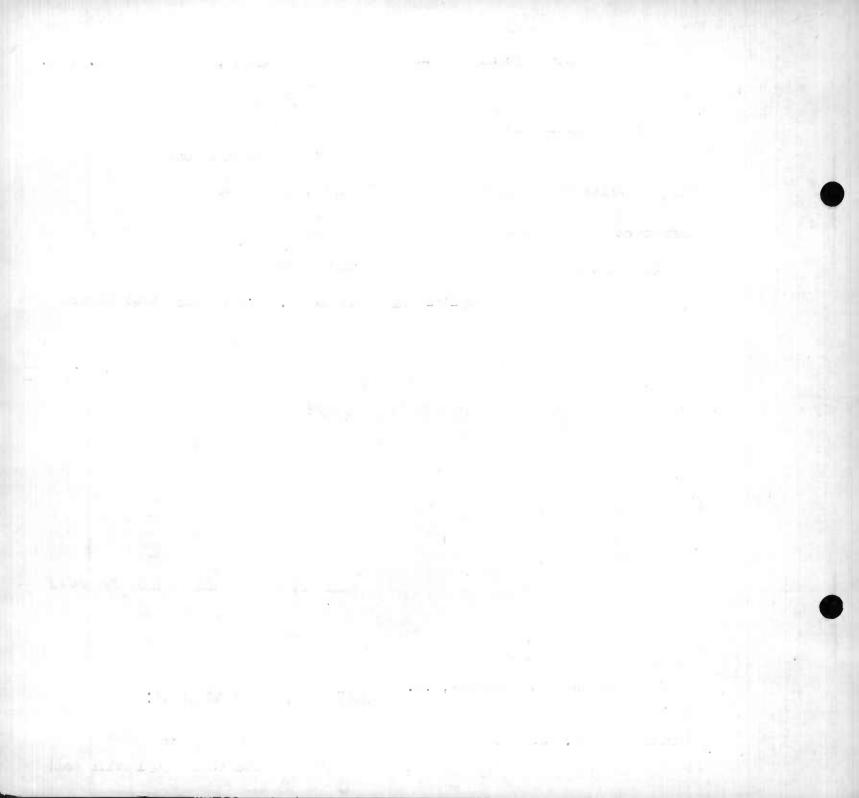


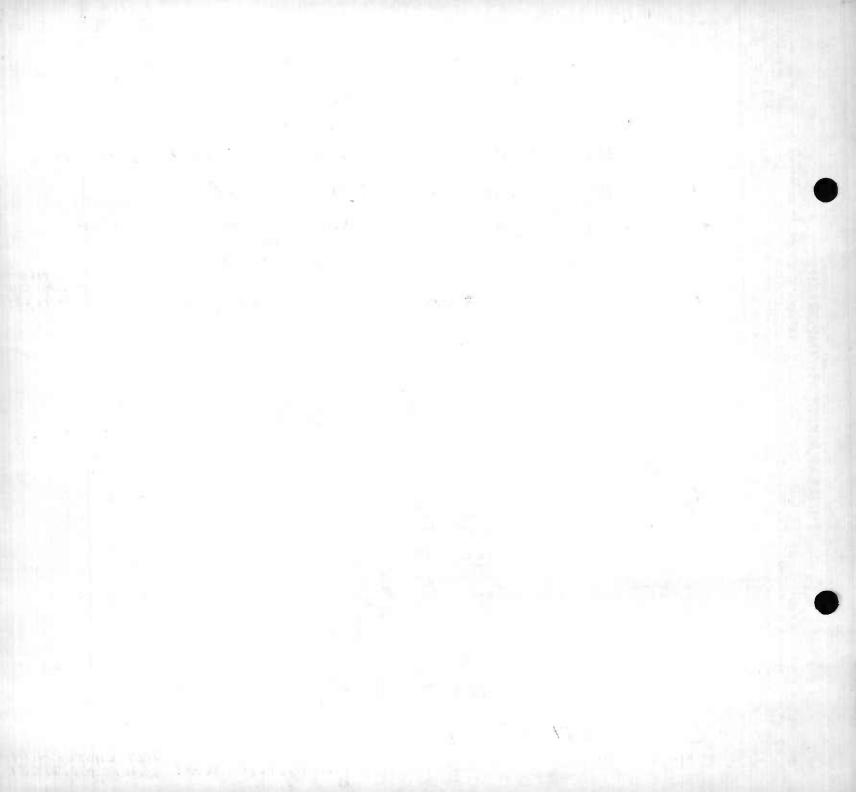
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Duolenolony, Cololony - Safornation or plunce from St. agree Hosp. Rec. Room

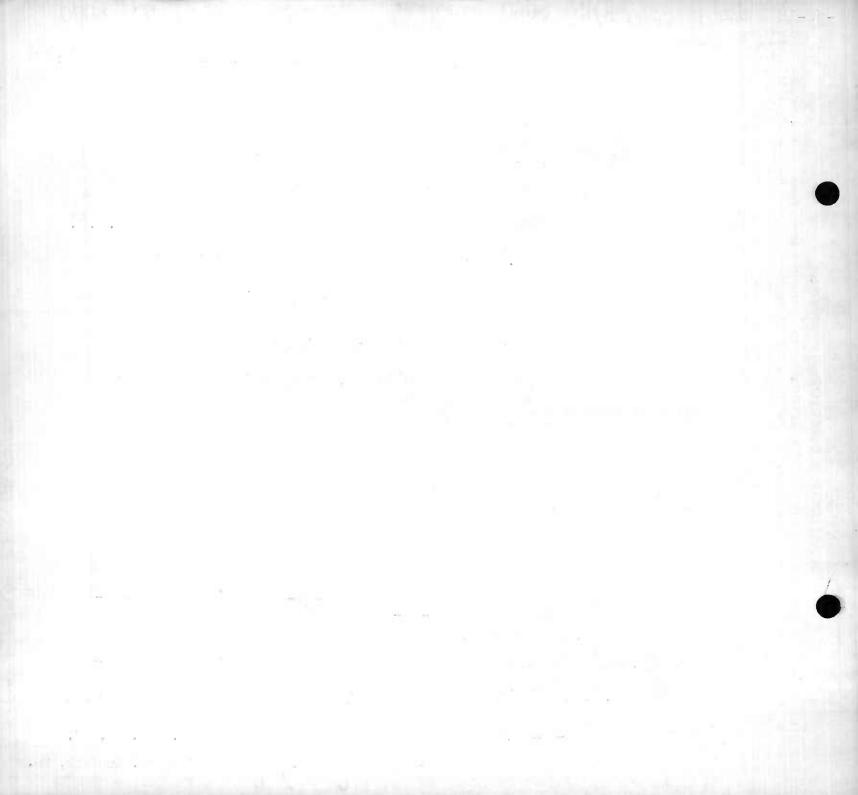
-68_70 BI	IRTH NO. 65 8657 CERTIFICATE OF DEATH Registered	Ng Corre
sed ased sed	A.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DE	
of death	Type or Print Emma E. Smith 8-20-196	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	
	HOSPITAL OR Bal timore City Hospitals NSTITUTION Bal timore City Hospitals Reddiess or locological Hospitals Reddiess or locological Hospitals	write RURAL and give township)
l	4940 Eastern Avenue Dalumore	
3	Baltimore Maryland 21224 D. STREET ADDRESS (If rurol, give locofic	
5.	1151 Cleveland Stre	If Under 1 Yr If Under 24 Hrs
11	11201100	34
d	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) one during most of working life, even if retired) Self. Granbayol. Manysland Jonnsylva.	12. CITIZEN OF CHUNTRY?
1:	Trelliam Carlisle Thanks Daniel In	- 201
1.5	5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
	SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. BCH-4940 Ea.	stern Avenue 212
	DISEASE OF CONDITION DIRECTLY Cardiac Arrhythmia	INTERVAL BETWEEN ONSET AND DEATH MOMENT OF
	(This does not mean the mode of dying on	death
	healt loilure, asthenio, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma of the Stomach	9 months
	DISEASES OR CONDITIONS, il any, giving	2 days
	rise to the obove couse (A) stoting the (C) TITE CHILDTITAL UNDERLYING CONDITION lost.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
01010		VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	litimore Tip, Sive exoct locotion)
1	O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While	
:	(APPROX.) While At Work At Work	
	22. I certify that (I) (this hospital) attended the deceased fram 5-21-19-65-to	8-20- 19 65
pe	that (I) (we) last saw the deceased alive on 8-20- 19.65 and that In (my) (our	e) opinion death occurred on the do
	and haur and fram the causes stored obave. (1) (We) (did) (dld not) view the bady after death.	
	23.4. SIGNATURE M.D. Attending Med. Stoff X	8-20-1965
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 1 ADDRESS	,Baltimore,Marylan
-	Leonard Quadracci M.D. 4940 Eastern Avenue	, Day of more of rary year
Ten	Surial CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION Surial PR3/65 Location Sack Continue De	(City, town, or county) (State)
1	REMOVAL (Specify)	(City, town, or county) (State)





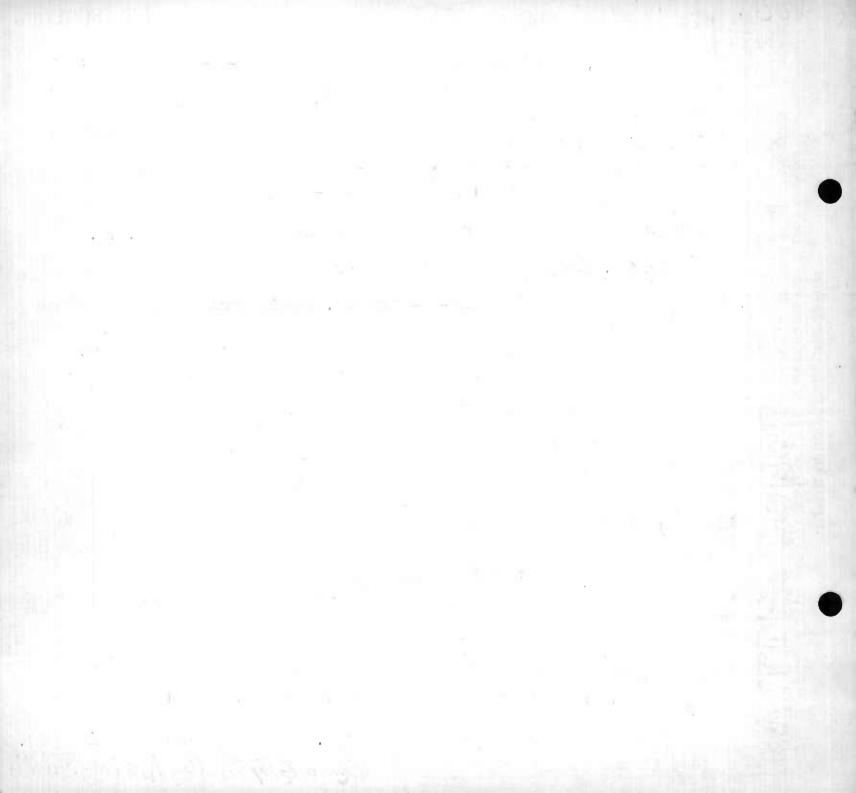


4-50-18 SAE	BIR	TH NO.64-	1632000	866U	CERTIFICA	TE OF DEATH	Registered Na	55 8660
f death f death on the h. Such	M.	L CASE NO.	CEASED				AND HOUR OF DEATH	
- S - S - S - S - S - S - S - S - S - S	(Ту	pe or Print)	D	ana My	rers		8-20-1965	4:55A
	3.	PLACE OF DE	ATH IN BALTIMORE, M			4. USUAL RESIDENCE (Where deceased lived, II in	stitution: residence before admissi
hospi ise o (5) D ance deat		FULL NAME (OF (If not in hospite	ol or institution,	give street	Maryland	Baltim	ore
E 0 0 0		HOSPITAL OR	oddress or local	tion)		c. city of town	f outside city limits, write F	(URAL and give township)
l in a ng cause; cause; attend		1	Baltimore			D. STREET ADDRESS	(If rurol, give location)	53-00
D.= L .	3		4940 East			2008 Jas		21222
occurre ontribut ermined regular regular is made	5.	SEX	Baltimore 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 I Months Doys Hours Min
tri miring	F	emale	White	Never	married (specify)	6-10-64	lost birthdoys	2months Min
ed ed	4.3			The state of	F BUSINESS OR INDUSTRY			12. CITIZEN OF
in de la company	dor	e during most of	working life, even if retired	None		Maryland		WHAT COUNTRY?
de Character de Sit	13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN		
= ± 5€ 3 ± gs			John	n H. My	ers		Edna Gr	een
	15.	Was Decease	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
IMPORTAN or his assistant Also, if the di o of any kind; ounced death attendance on	Пе	No No	n) (If yes, give wor or de	oles of service/	SECURITY NO.	Records:BC	H-4940 Easte	ern Avenue 212
T gad y and a		18. 3 5	2 /1		CAUSE O	F DEATH	SHOULD SEE	INTERVAL BETWEEN
far far do	1		SE OR CONDITION		1 8		1170	ONSET AND DEATH
IM or h Also e of ioun		(T)	LEADING TO DEAT			diac Arrest	433	\$
		heart foilure,	nat mean the made asthenia, etc. It mea	ns the diseose,	00000			
oni ine act			mplication which cous		S & Weeiz	ure, Grand	Mal 35.3	
The min min ho			ANTECEDENT CAUS	~	N DUE∑TO			
ical examiner al examiner. is; (3) A fractucian who process in regular ains are emba		rise to th	OR CONDITIONS, il le abave cause (A	i any, giving ∖) stating the	NO STORY			
ins ins		UNDERLYIN	G CONDITION last.	7	1200 E		**	
- 0 E - 0 0	ATION	TO THE D	III IIIII CANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO TH				
FUNERAL te chief med by a media 2) Body burn te the physician w ore the rem	CERTIFICA		F OPERATION 198. CO		WHICH OPERATION	Yes	10 No) 208. IF YES, WERE IN CERTIFYING CAN	FINDINGS CONSIDERED USES OF DEATH?
FU he he con he		21 A. ACCIDE	INT WAS UNDERLYING	218	B. PLACE OF INJURY (e.g., ine, form, foctory, street, of			City, give exact location)
	CAL	DEATH (notif	y medical examiner)	etc	.)	mee diagonition occo		
ved by the hospital nature; (ept whe do not not not not not not not not not no	MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Yea	or) (Hour) 21E	INJURY OCCURRED		INJURY OCCUR?	
hos hos hos dine	2	(APPROX)		WH	nile At Not While At Work	e 🗌		
the the and and obte	1	22. I certify	that (1) (this hospit	tal) attended t	the deceased from	8-19-	19 65 10	8-20- 19 65
0 0 0 0		that (I) (we) last saw the decea	sed alive on	8-20-	19 65 on	d that In(my) (aur) apl	nian death accurred an the
0 0 0 -					1) (We) (did) (dld nat) v			
		23A. SIGNAT						23B. DATE SIGNED
must eleas ccides a hos to de		S. W	signe /C	lein	M.D. Atte	ending Med.	Stoff Phys.	8-20-1965
e m acci acci or to		23C. PHYSICIA	ANS			23D. ADDRESS		
ificate y was r 1) An a 1.A. at d prior		NAME	S. Wayne	Klein	M.D.	4940 Easter	n Avenue, Bal	Ltimore, Maryla
A P B	24	A. BURIAL CRI	EMATION, 248. DATE	24C. N	AME OF CEMETERY OF CR			ly, lown, or county) (Stote
This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv		Burial		3-1965	Gardens of Fai	th Tm	mps Mill Rd. I	Bal. Co. Md.
This certhe bocsshows: was D. deceas	25	HAVE REC'I	1965 Received		REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
### 3 b 3	1	AUG 23	1200 (Coper	0,5' 400	Man Line	JOHN J. DU	IDA 7922 Wise	Ave. Dundalk, Md.
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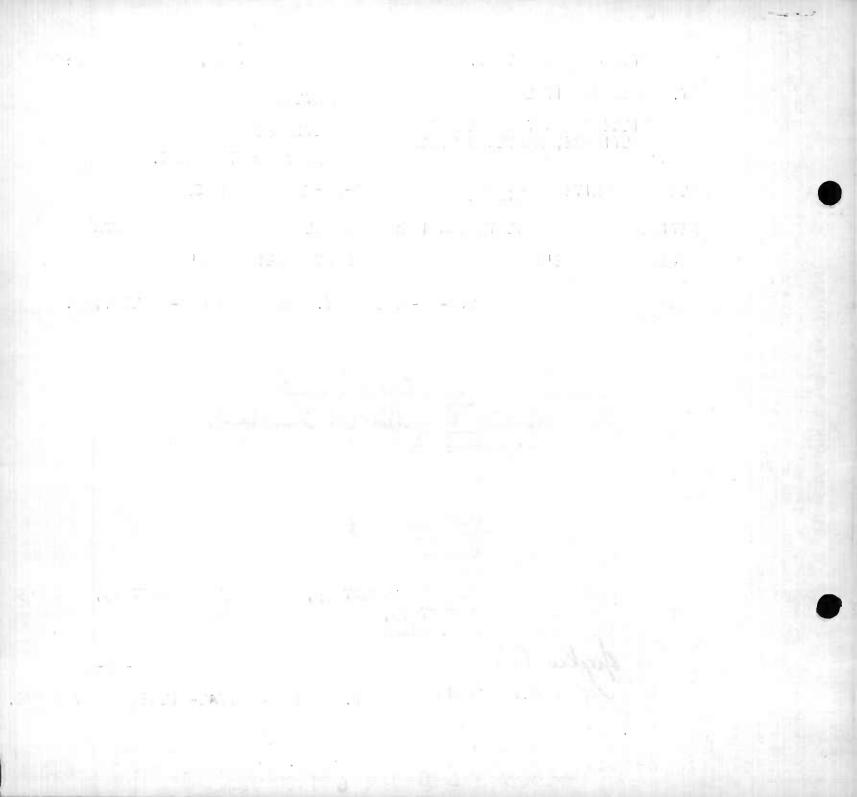
BALTIMORE CITY HEALTH DEPARTMENT



tiypi	CASE NO. AME OF DECEASED OF Print) BUHRMAN	, ALICE WROTE	.N 2. D	8-20-65	4:00 A
3. P!	LACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE	E (Where deceased lived, If	institution: residence before ac
H	OSPITAL OR oddress or locoti	ol or institution, give street ion)	MARYLAN C. CITY OR TOWN		e RURAL ond give township)
II	ISTITUTION	LICUS I THE UNITED TO	N. LINTHIC		52-00
11	ST. AGNES I	HOSPITAL	D. STREET ADDRESS	(If rural, give location)	
1		Tr. AAA BRIEF, MESSER AAA BRIEF,	B. DATE OF BIRTH	NNAPOLIS ROA	
	EMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	3-31-99	9. AGE (th years last birthday)	If Under 1 Yr. If Under Manths Days Hours
	during most of working life, even if refired Housewife	At Home	MARYL		12. CITIZEN OF WHAT COUNTRY?
3. F	ATHER'S NAME	220 220210	14. MOTHERS MAID	EN NAME	0 0 22
	HENNESSEY,			Unknown	
5. V	Vas Deceased Ever in U. S. Armed F.	forces? oles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT NE	S BECORDS C	CATON & WILKE
	No	SECORIT NO.	SI. MUNE	3 KECOKO34#C	DATUR & WILKE
	18. 446XX-26	CAUSI	OF DEATH NEPHRO		INTERVAL BETW ONSET AND DE
	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION lost.	ony, giving (MAR	KALIZED AKI KED) IABETES MELI	ER10SCLEROS1	
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE			
CERTIFICATION		ONDITION FOR WHICH OPERATION ERFORMED	7/lo	s or No. 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
Ü	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218. PLACE OF INJURY (e. home, form, foctory, street etc.)	g., in ar about ZIC. WHERE, office bldg., INJURY OC	DID (If in Boltime	are City, give exact lacation)
4		ir) (Haur) 21E, INJURY OCCURRED	21F. HOW I	OID INJURY OCCUR?	
MEDICAL	21D. TIME (Manth) (Day) (Yea OF INJURY (APPROX.)	While At Not V	Vhile		
MEDICAI	OF INJURY (APPROX.) 22. I certify that (1) (this hospit that (1) (we) lost saw the deceo		While □	and that In(my) (aur) a	
MEDICA	OF INJURY (APPROX.) 22. I certify that (1) (this hospit that (1) (we) lost saw the deceoded hour and translated to the control of the contro	work At ward all ottended the deceased from sed olive on AUGUST 20 rated above. (1) (We) (did) (dld no	While □	and that In(my) (aur) a	
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MEDICA	OF INJURY (APPROX.) 22. I certify that (I) (this hospit that (I) (we) lost saw the deceorand hour and from the courses standard and the courses of the courses of the courses of the courses of the course of the c	work At W ral) ottended the deceosed from sed olive on AUGUST 20 rated obove. (1) (We) (did) (dld no	Attending Med. Phys. ADDRESS ST AGNES	and that In(my) (aur) a death. Stoff Phys. HOSPITAL 21	plnion death accurred on
MEDICA	OF INJURY (APPROX.) 22. I certify that (I) (this hospit that (I) (we) lost saw the deceoded and hour and transport that (I) (we) lost saw the deceoded and hour and transport that (I) (we) lost saw the deceoded and hour and transport that (I)	work A1 W ral) ottended the deceosed from sed olive on AUGUST 20 rated obove. (1) (We) (did) (dld no	Attending Med. ADDRESS D. ST AGNES Mile ank 1965 Med. Directo	and that In(my) (aur) a death. Stoff Phys. HOSPITAL 21:	238, DATE SIGNED

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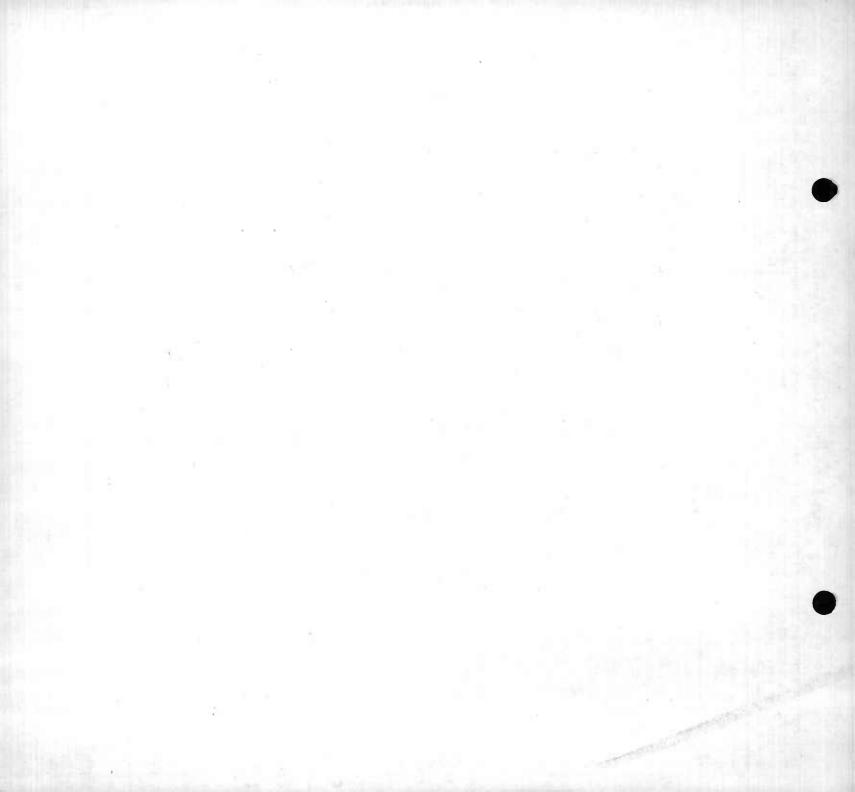
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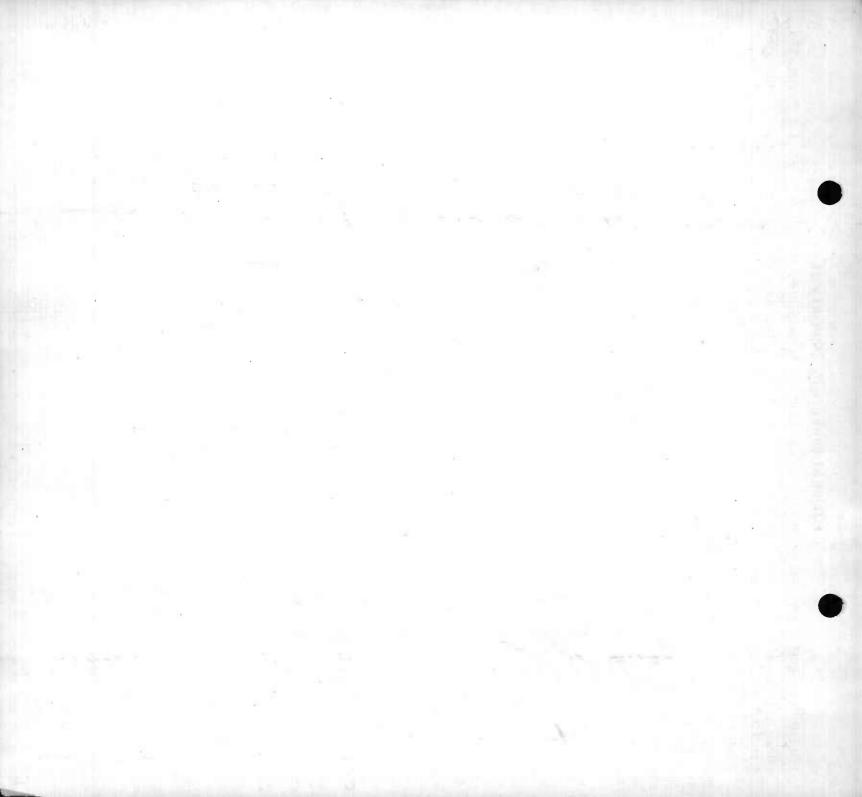
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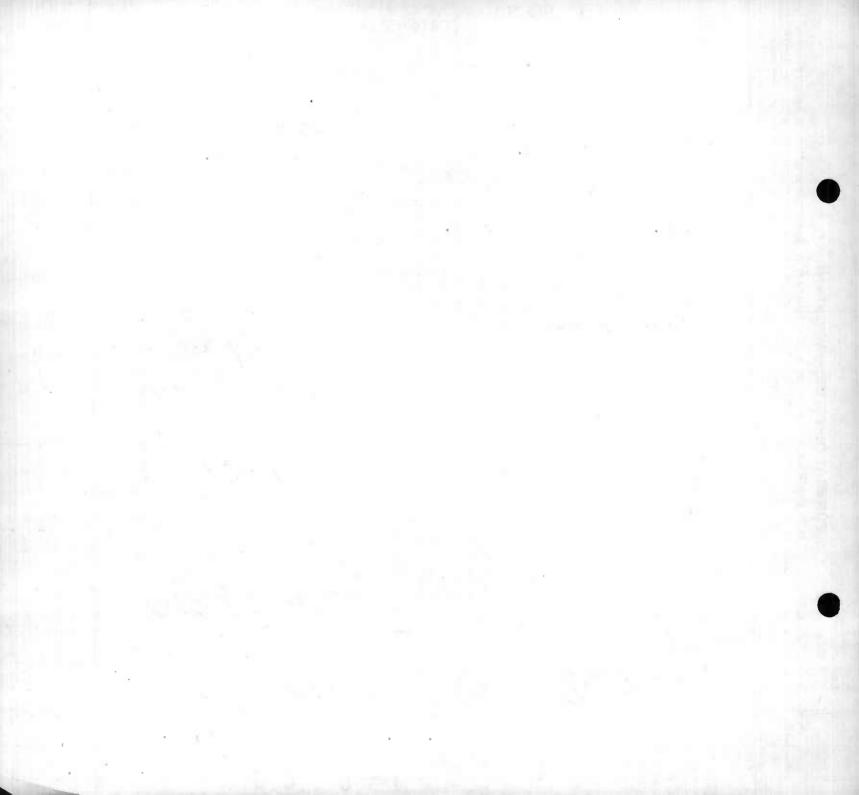
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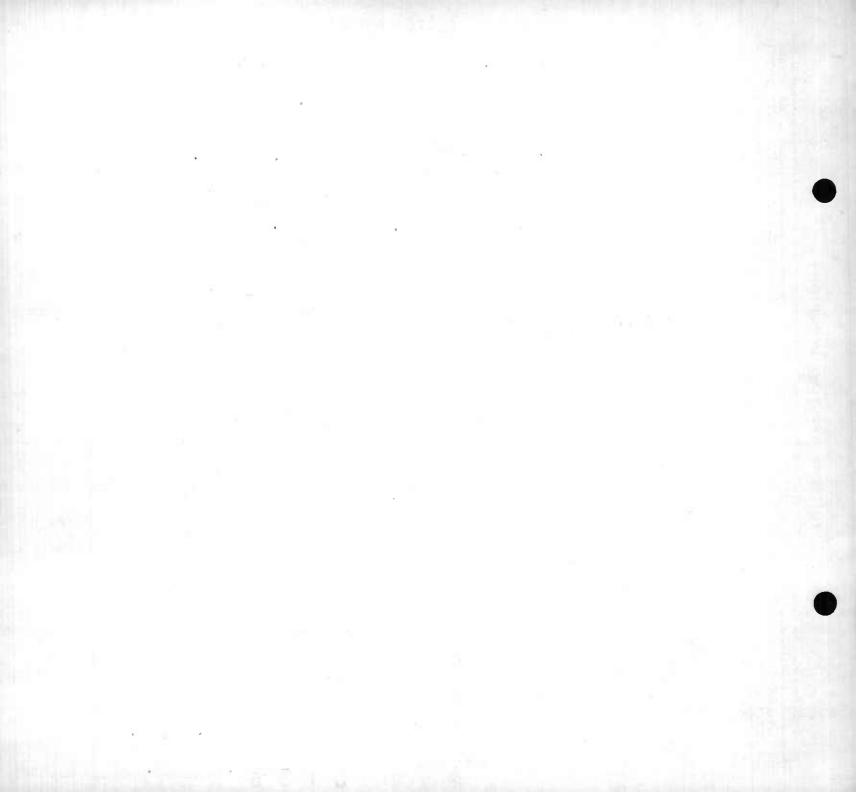
	Pe or Print)		IRENE H	H. MAISCH	2. 0 A	8/18/65	1 5:30 P
	FULL NAME OF DEATH OF THE PROPERTY OF THE PROP	OF (If not in ha	spital ar institution.	givo street	A. STATE B. Maryland	(If outside city limits, writ	If institution: residence before admis
6	70	GOULD N	URSING HON	Œ	D. STREET ADDRESS 1319 Ligh	(If rural, give location)	
	Female	6. RACE White	Wide		6/30/1909	9. AGE (In years lost birthday) 56	If Under 1 Yr. If Under 24 Months Days Haurs Mi
don	· USUAL OCCI • during most of None	UPATION (Give kind of working life, even if re	of work 10B, KIND O tired)	F BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stole Bal to		12. CITIZEN OF WHAT COUNTRY? U S
	Reed. W				14. MOTHER'S MAIDE	NAME	
15. (Ye	Was Deceased s, no ar unknown Yes	nknown Ever in U. S. Arme Office yes, give wor of WW II	ed Forces? or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Family	J	Address
_	18. 17	5.01		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	heort foilure, injury or com DISEASES Crise to the	not mean the mod osthenio, etc. II manicalion which connected the connected that the conn	neons the disease bused death.) USES if any, giving (A) stating the	OVE	neralized card	cinoma	
ATION	DISEASES Orise to the UNDERLYING	osthenio, etc. II maplication which conditions, end of conditions, end of conditions of conditions of conditions that the condition to conditions of conditions and conditions of condit	neons the disease oused deoth.) USES if any, giving (A) stating the stationary of	OVE TO OVE (B) DUE TO (C)	arian adenocar	cinoma	
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AL CERTIFIC	DISEASES OF THE SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL	osthenio, etc. II miplication which conditions, endower cause G CONDITION to FICANT CONDITION CAUSE OPERATION 198.	if any, giving (A) stating the it. NS CONTRIBUTIN RELATED TO TI ING IT. CONDITION FOR S PERFORMED CA	OVE (B) OUE TO (C) IG HE WHICH OPERATION TCINOMA OVATI Obstruction B. PLACE OF INJURY(0.9, me, form, foctory, street, me, form, foctory, street,	arian adenocar	or No. 208, IF YES, WER	
CERTIFIC	DISEASES OF THE SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL	osthenio, etc. II miplication which control of the	if any, giving (A) stating the cit. NS CONTRIBUTIN RELATED TO THE CONDITION FOR S PERFORMED CALLESTINAL CONDITION FOR SPERFORMED CALLESTINAL	OVE (B) OUE TO (C) IG HE WHICH OPERATION TCINOMA OVATI Obstruction B. PLACE OF INJURY(0.9, me, form, foctory, street, me, form, foctory, street,	20A. AUTOPSY? (Yes Sin or about 21C. WHERE to office bidg., INJURY OCCI	or No. 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DEATH (notify LAPPROX.) 21D. TIME 31D. TIME 4 PPROX.)	osthenio, etc. II miplication which conditions, endowed cause of CONDITION loss of CONDITION loss of CONDITION CAUSE of CONDITION (Manth) (Doy) (Manth) (Manth) (Doy) (Manth)	if any, giving (A) stating the ist. NS CONTRIBUTIN RELATED TO TI ING IT. CONDITION FOR S PERFORMED CA LEGATION Yoar) (Hour) 211 W W upital) attended coosed alive on.	OVE (B) OVE (B) DUE TO (C) (G) (G) (G) (G) (G) (G) (G)	es 20A. AUTOPSY? (Yes No., in ar about 21C. WHERE to office bldg., INJURY OCCI	or No) 208, IF YES, WER IN CERTIFYING CODD (If in Boltim DINJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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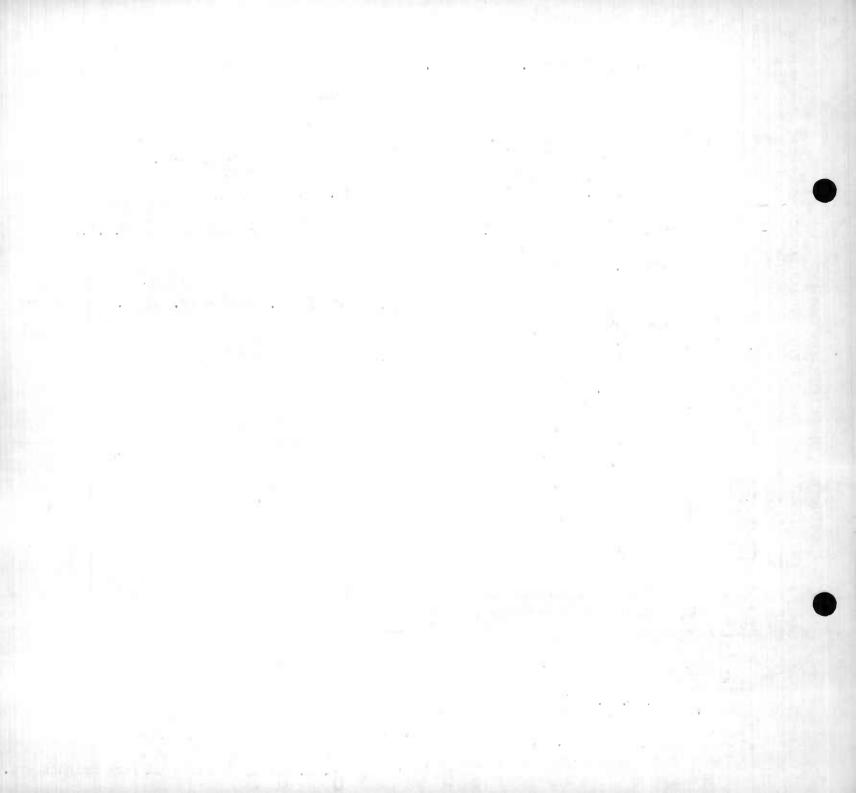
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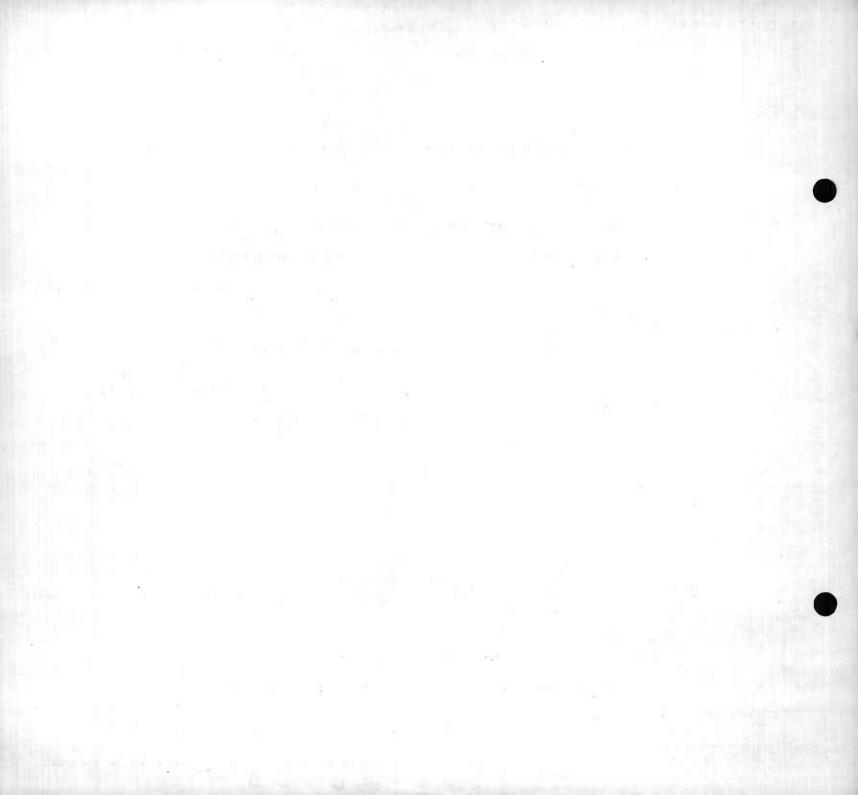




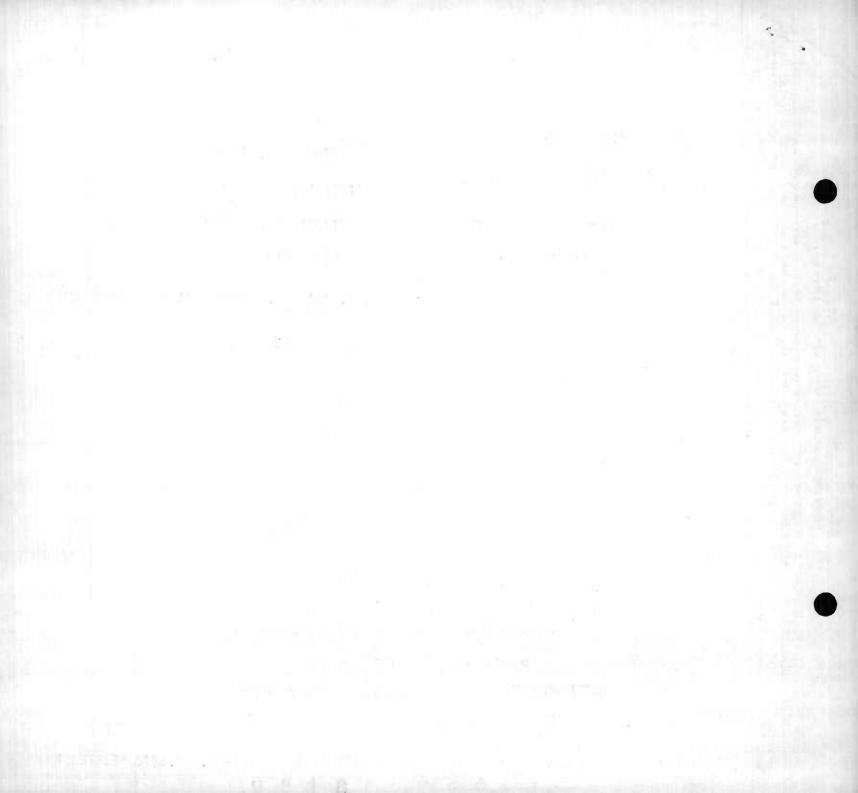


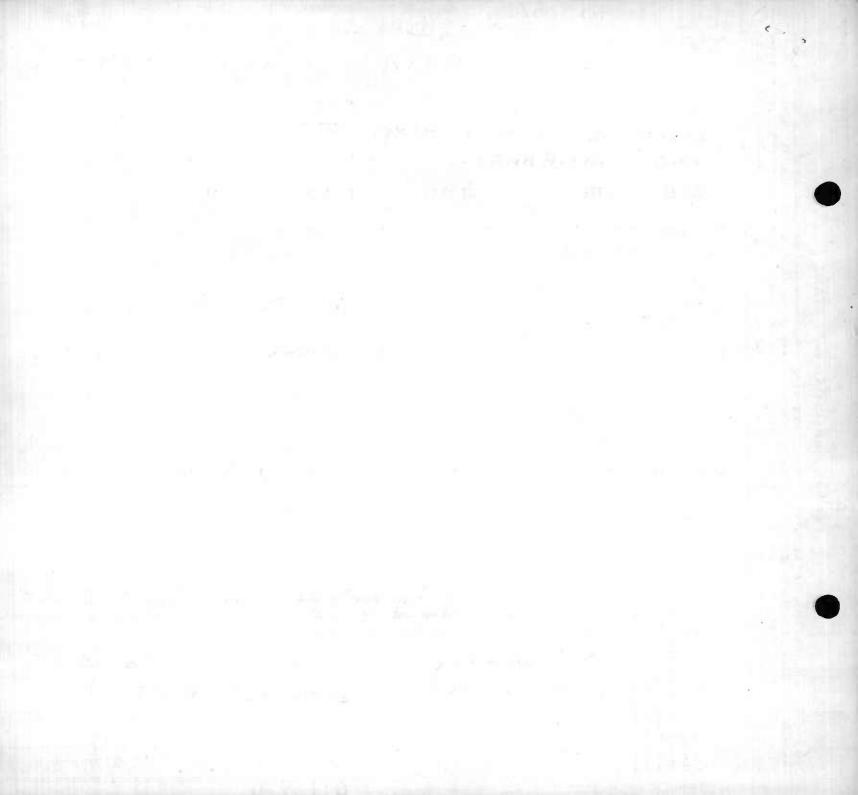
1. OS + OS	.E. CASE NO.		65 8671
9 E	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	William M. MANNION Sr. PLACE OF DEATH IN BALTIMORE, MARYLAND	August 18,1965	
11 9		4. USUAL RESIDENCE (Where deceased lived. If in A. STATE 8. COUNTY	nstitution: residence before admissi
- 0	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	Maryland c. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
a cause; r attend prior to e.	3424 West Belvedere Ave. Baltimore, Maryland 21215	D. STREET ADDRESS (If rurol, give locotion)	
0 0 0 5.	SEX 6. RACE 7. MARRIED, NEVER MARR	3424 West Belvedere Ave	
ased s ma	Male Cauc. Widowed	(specify) Oct. 10.1891 rost birthdoy) 73	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
000	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR	I INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
on on a sition	Meter Tester Balto. Gas&Ele	ectric Baltimore, Maryland	U.S.A.
₹ ÷ s	William M. Mannion	Agnes Mooney	
= 8 - N	. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY	17. INFORMANT	ADDRESS
VTBUE			100 E. West Stree
B 5 4 -	NO 212 05	CAUSE OF DEATH	INTERVAL BETWEEN
enda d or	DISEASE OR CONDITION DIRECTLY	0	ONSET AND DEATH
ned	LEADING TO DEATH	Carlond Voscular Accorde	5
att e		DUE TO 4 . C . O . S	######################################
P a a	heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	(with them begin top since)	
5 E	ANTECEDENT CAUSES		-
D 0	DISEASES OR CONDITIONS, if ony, giving	DUE TO	
- 8	rise to the obove couse (A) stoting the	c) Duntity Mallity	
ins	UNDERLYING CONDITION Iosi.		
5	, II		
rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
0 3	DISEASE OR CONDITION CAUSING IT.	ATION 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE	FINDINGS CONSIDERED
re the	WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
9 9	21A, ACCIDENT WAS UNDERLYING 21B PLACE OF IN	NILIRY (e.g., in or obout 21 C. WHERE DID (If in Boltimos	e City, give exact location)
18	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, lorm, foctor etc.)	NJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimor ry, street, office bldg., NJURY OCCUR?	o only, give exect tode new
5	DEATH (Holly illedicol exclinites)		
AACDI	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCC	21F. HOW DID INJURY OCCUR?	
1	(APPROX.) While At Work	At Work	0//
	22. I certify that (1) (this heaptfal) attended the deceased	from 19 6/ to	118/ 196
	that (1) (ma) last sow the deceased alive on	6 19 6 ond that in (my) (one) opl	
			mon death accorred on the
ust be	ond hour and fram the causes stated above. (I) (We) (did)	(distance) view the body after deoth.	
	23A. SIGNATURE		238. DATE SIGNED
	Hell trul	M.D. Attending Med. Stoff Phys.	0/20/65
	23C. PHYSICIAN'S	23D. ADDRESS	
	NAME (Type)	M.D. 1310 Tight Street	
	Dr. H. P. Friedman	TOTO BIBLIO BOLCOO	
1	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEME	TERY OF CREMATORY 24D. LOCATION (C	ity, town, or county) (Stot
24	REMOVAL (Specify)		
		hedral Cemeters Haltimore Ma	rvland
24	Burial Aug. 21 1965 New Cat	thedral Cemeters Baltimore Ma	ADDRESS
200		25C. WHITAL DIRECTORY CEMM	ADDRESS



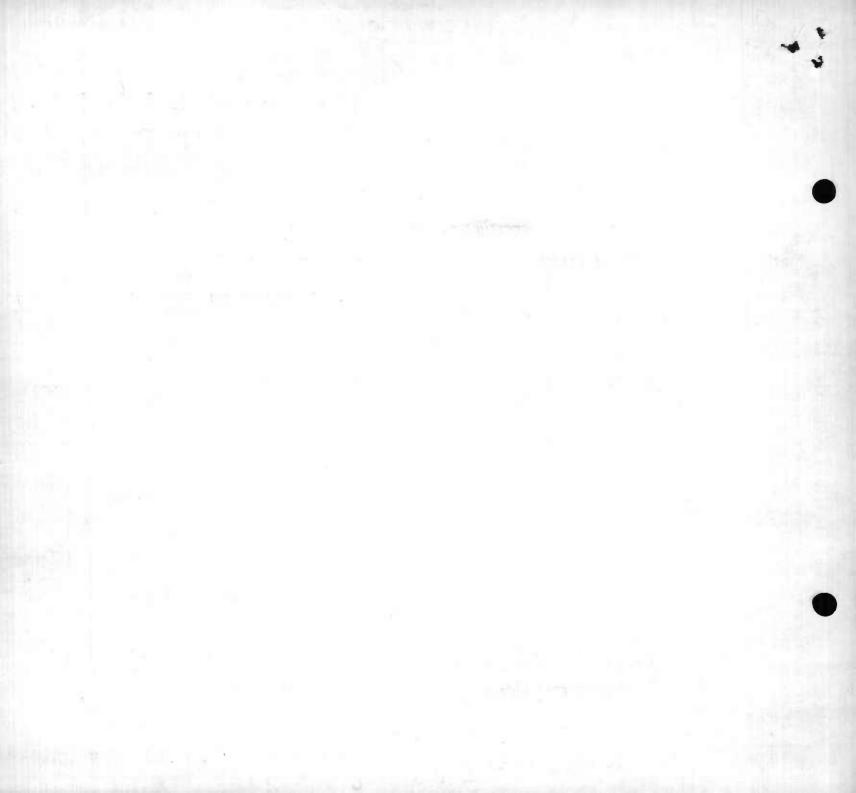


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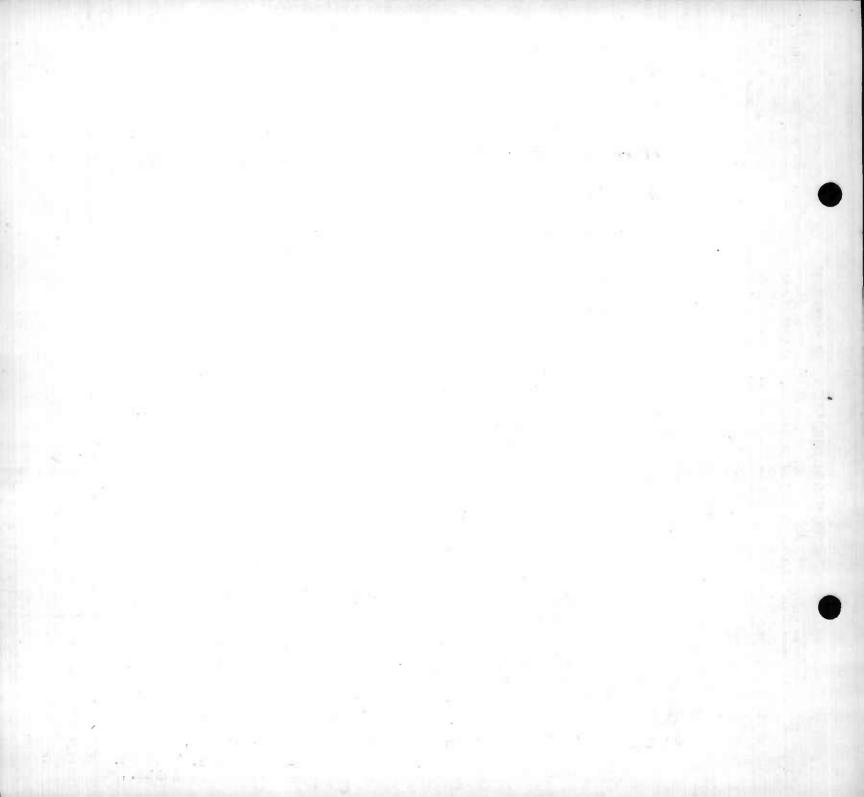




BALTIMORE CITY HEALTH DEPARTMENT

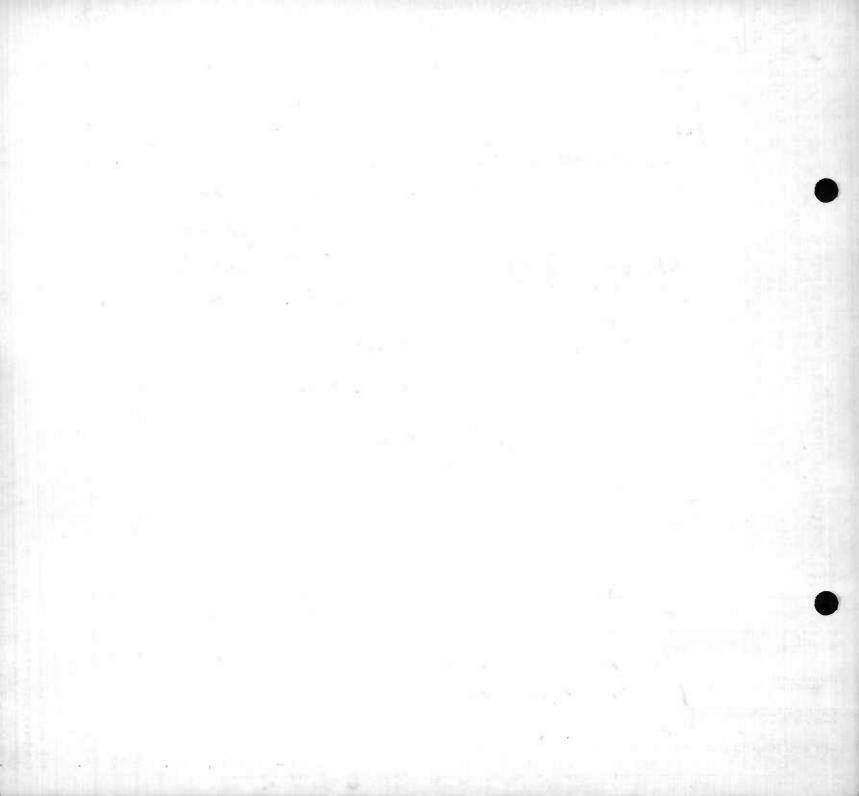


0 136	BALTIMORE CITY HEALTH DEPARTMENT	OOMM
(-p0)	RTH NO. 65 8677 CERTIFICATE OF DEATH Registered No.	00//
and asec the	N.E. CASE NO. NAME OF DECEASED 2, DATE AND HOUR OF DEATH	27/
of deat of deat Decease e on th	ype of Print Hate Marion Carter 8-21-65	1 2 33/2 11
of of ath.	PLACE OF BEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution:	residence before admission)
S 0 0	A. STATE B. COUNDY	A Report of
hos Jse (5)	FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddless gi locotion) C. CITY OR TOWN (If outside city limits, write RURAL of C. CITY OR TOWN)	and give township)
cause cause, use, (5, endan	HOSPITAL OR INSTITUTION THE DOSPITAL FOR THE C. CITY OR TOWN (If outside city limits, write RURAL of ESSEX	5.3-60
		2 1 10
0	t Women of Md. 1610 Ricken backer	Rd. Apt U.
th occurre contribut etermined n regular	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdoy) Month	der 1 Yr. II Under 24 Hrs. s Doys Hours Min.
T T T T T T T T T T T T T T T T T T T	temale White Widowed 6-12-97 69 DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CI	
P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CI W	TIZEN OF HAT COUNTRY?
B - D - D	Telephone operator	1-5-A.
dead or Und as i	S. FATHERS NAME	
rect (4) (4) the	Ormand A-Jones Earing	
	5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
IMPORTAN or his assistant Also, if the di s of any kind; ounced death	cunknown (III yes, give wor or dotes of service) SECURITY NO. Cunknown Patients Chart	_
an d d	CAUSE OF DEATH	INTERVAL BETWEEN
PO if any any and and a	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
MISO OF THE		3-4 hours
0 4 5 5 0 1	heart failure, asthenia, etc. It means the disease,	
S P P P P P P P P P P P P P P P P P P P	injury or camplication which caused death,)	10 years
T E L	ANTECEDENT CAUSES (B) CHYOUTE COVONERY GAT CLEE	<i>y</i> • • • • • • • • • • • • • • • • • • •
O X X X	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) diabetes	
DIRECTOR: cal examiner al examiner. s; (3) A fractular isn who pro	UNDERLYING CONDITION last.	**************************************
Calico ns; ras		
RAL Di medica medical burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ER man	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING	S CONSIDERED
FUNER te chief 1 by a m 2) Body e the p	WAS PERFORMED WAS PERFORMED 10 CERTIFYING CAUSES OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, g.	DEATH?
FU (2) (2) Phy		ive exact location)
=======================================	OR CONTRIBUTING CAUSE OF home, form, foctory, steet, office bldg., INJURY OCCUR?	
ved by the hospital hospital ept whe	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
ved b hosp natur ept v	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While Work At Work	
provent in the Heart in the Hea	22. I certify that (I) (this hospital) attended the deceased from 1755 Sept. 19 19 56 to Aug	21 1965
5 T R 3	that (I) (we) last saw the deceased alive on Aug. 21 1965 and that in (my) (aur) apinian de	
3 4 4 5 5		dill decorred dil the dole
ust be eased ident nospit	and hour and fram the causes stoted abave. (1) (We) (dld) (dld not) view the body after deoth. 23A. SIGNATURE	ATE SIGNED
must belease		lug 21st 1965
EOGE	23C. PHYSICIAN'S 23D. ADDRESS	9 2131 1103
rificate y was r (1) An a 3.A. at d	Jr. Leon Wures M.D. Attending Med. Director Phys. A 23C. PHYSICIAN'S NAME (Type) Dr. Leon Wurmser M.D. Women's Hospital	
certificat body was vs. (1) An D.O.A. at		, or county) (State)
E 7000	REMOVAL (Specily)	
bo od see	Burial 8/24/65 Oaklawn Cemetery Baltimore, 5A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR 2	Maryland
This cert the body shows: (7 was D.O	ALIC GO JOCK A G A G T. O at Wm Cook-Brooks Fnc. 121/ S	t. Paul St
F + 4 > 0 ;	8 150-REV. 1/1/65	Ma
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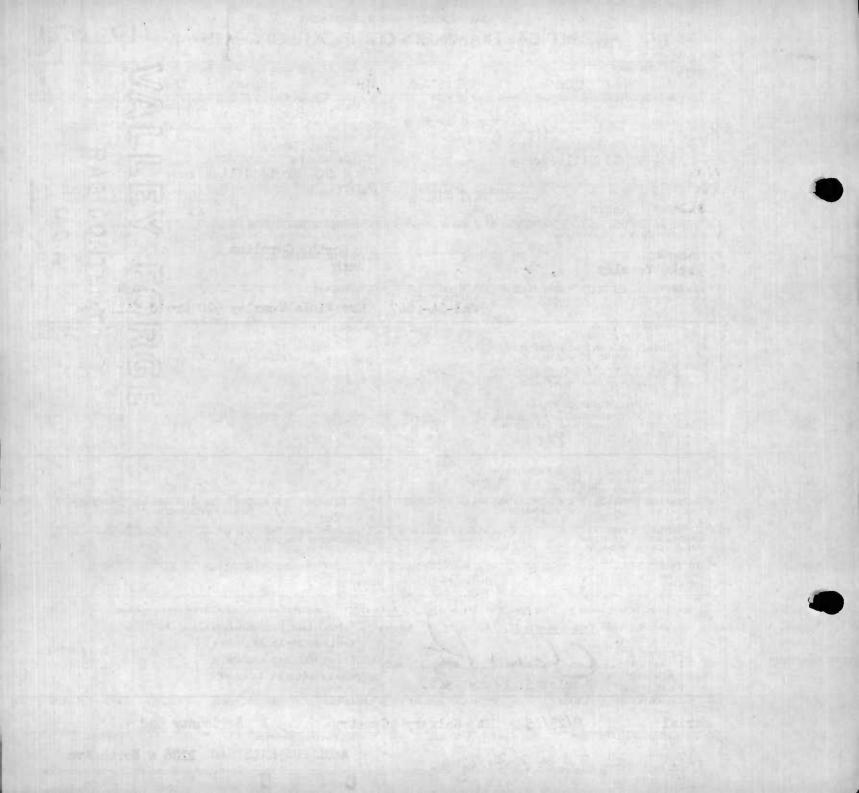


135	65 8678 BALTIMORE CITY HEALTH DEPARTMENT	5 8678
55 65	BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No.	0070
of death of death Deceased e on the	1. NAME OF DECEASED	
e de de	11/0.4.de Gardner 8-20-65	1/2:401
nospire ise of (5) De ance death	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution in the state of the sta	lution: residence befare admi
se; (5) Dendance	FULL NAME OF (If not in hospital or institution, give street) Manylank	240
0	HOSPITAL OR oddress or location) INSTITUTION C. CITY OR JOWN (Ill outside city limits, write RUI	RAL and give township)
	Baltimore #	2/230.
	D. STREET ADDRESS (If rurol, give location)	- 4
3	South Baltimore GENERALHOR, 218 E. Cross	St.
		If Under 1 Yr. If Under 24 Aonths: Doys Hours N
	F. W. Widow 2-8-1888 77	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) NonE Manyland	WHAT COUNTRY
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	1111-0 C K11 . D.	
	15. Was Deceased Ever in U. S. Armed forces? 16. SOCIAL 17. INFORMANT	E.
	(Yes, no or unknown)(If yes, give war or fates of service) SECURITY NO.	l Main Avenue
	No Walter F. Gardner Pas	adena, Maryla
	18. 4 2 2 / I CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	011321 A115 5411
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	
	hearl failure, asthenia, etc. It means the disease,	
	injury or camplication which coused deoth.) ANTECEDENT CAUSES (B) ASCUD	
	DUE TO	MM4 4 10MM1 1000 1 00111 1 00111 1 000 000 00
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C)	
	UNDERLYING CONDITION lost.	
	_ 11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID. (If in Boltimore Conditions of the conditions of	
	DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
	U 21A, ACCIDENT WAS UNDERLYING 218, PLACE OF INITIES (e.g. in or observed C. WHERE DID.	ity, give exact location)
	OR CONTRIBUTION COLUMN OF THE	
	O SID THE CALL OF A CALL O	
	DEATH (notify medical examiner) O 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY While At Not While The state of the s	
١	(APPROX.) While At Work At Work	
	22. I certify that (this hospital) attended the deceased from 8-5 19 65 ta	8-20 19
	that the (we) last saw the deceased alive an 8-20 1965 and that in (aur) apinio	on death accurred an the
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
		38, DATE SIGNED
	M.D. Attending Med. Stoff	8-20-65
	Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS	0-20 65
	NOME (Type)	
	JR. M. KAUFMAN M.D.	
	24A- BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City,	town, or county) (Si
	Burial Aug. 23,65 Baltimore Cemetery Baltimore	Maryland
l	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	AUG 23 1965 R. C. & Farley M. Wm Cook - Brooks, Inc.	1217 St. Pau
ļ	VS 150-REV. 1/1/65	

BALTIMORE CITY HEALTH DEPARTMENT



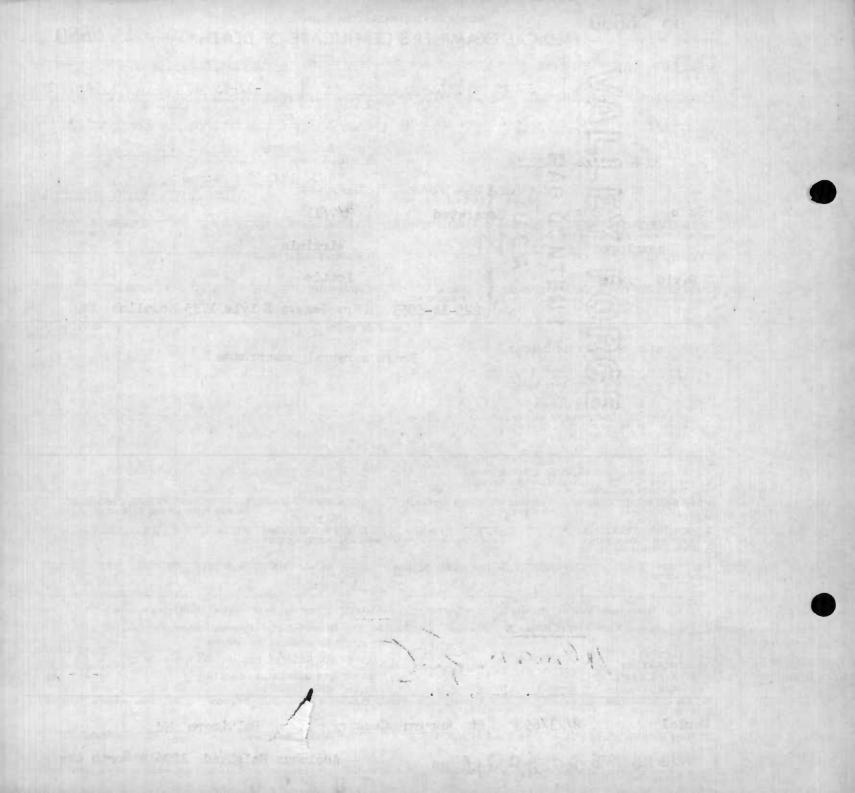
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M.E. CASE NO.							
Type or Print		THE ACT EST	T-		HOUR PRONOUNC		8.00 A
MACK	HERE BRONO!	TEASLEY	Jr		st 19, 196.		8:00 A
B. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE		eceosed lived. If inst B. COU	INTY	e betote odmi:
FULL NAME OF (IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET		ryland	corporate limits, wiite	RIIRAL and a	ve township
HOSPITAL OR ADDRESS OR LOCA	TION)				Corporote Innins, wing	ROKAC ONG GI	AE 10 MILZINDA
00/ 5 11 77111 4				ltimore		1-01	Harris St.
904 Druid Hill Av	enue			DRESS (If rurol, g	ill Avenue		
7. ~							
5. SEX 6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIE	тн	9. AGE (In years lost birthdoy)	Months Doy	r. If Under 24
Male Negro					45		
OA. USUAL OCCUPATION (Give kind of work	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN C	
one during most of working life, even if retired)			Month	h Camali	ma	WHATC	DUNIKI:
3. FATHER'S NAME	3			h Caroli MAIDEN NAME	па		
Mack Teasley ,	r		Ruth				
S. WAS DECEASED EVER IN U.S. ARMED	FORCES?		17. INFORMAN	ī		ADDRESS	
Yes, no or unknown) (If yes, give wor or date	s of service)	241-14-0047	Wre Vi	Cool elo	ey 920 Dru:	A HATT	ATTO
	1000	241-14-0041	MI2 T	OTS PEST	ey 720 Dru.	id mill	WAG
1B. 41.3.2.1		CAUSE	OF DEATH				ERVAL BETW SET AND DE
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198, CON							***************************************
DISEASE OR CONDITION CAUSING							******************
19A. DATE OF OPERATION 19B. CON WAS PERI		WHICH OPERATION	Yes	11	OB. IF YES, WERE FILL N CERTIFYING CAU		
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. ffice bldg., INJU	WHERE DID (IF	in Boltimore City, gi	ve exoct locotic	on)
21 D TIME (Month) (Doy) (Year OF INJURY (APPROX.)	V	VHILE AT NOT NORK	WHILE	BULNI DIG WOH	Y OCCUR?		
22.				-141.4 .1.	1 - 1 -1 -		- 14
	nquiry [basis, death in n		
resulted fram: Natural cau	uses X	ccident Suicide	Homi	cide Ur	ndetermined monn	er	
0/		1/-		MEDICAL EXA		0	ATE SIGNE
SIGNATURE C	aules 1	Telly M.D.	ASSISTANT	MEDICAL EXA	MINER X		
EYAMINED'S	S. Pet	ty, M.D.		MEDICAL EX		8/	19/65
3A. BURIAL CREMATION, 238 DATE	- 23	C. NAME of CEMETERY of	CREMATORY	23 D. LO	CATION (City,	town, or count	y) (Stot
REMOVAL (Specify)	14 ×	(h (h-)			A Country	WA	
Burial 8/23/			emetry	A A	A County	Md	0500
AUG 23 1965 (0.)	248, NAME	OF REGISTRAR		PHUS HALS	STEAD 9206	W North	
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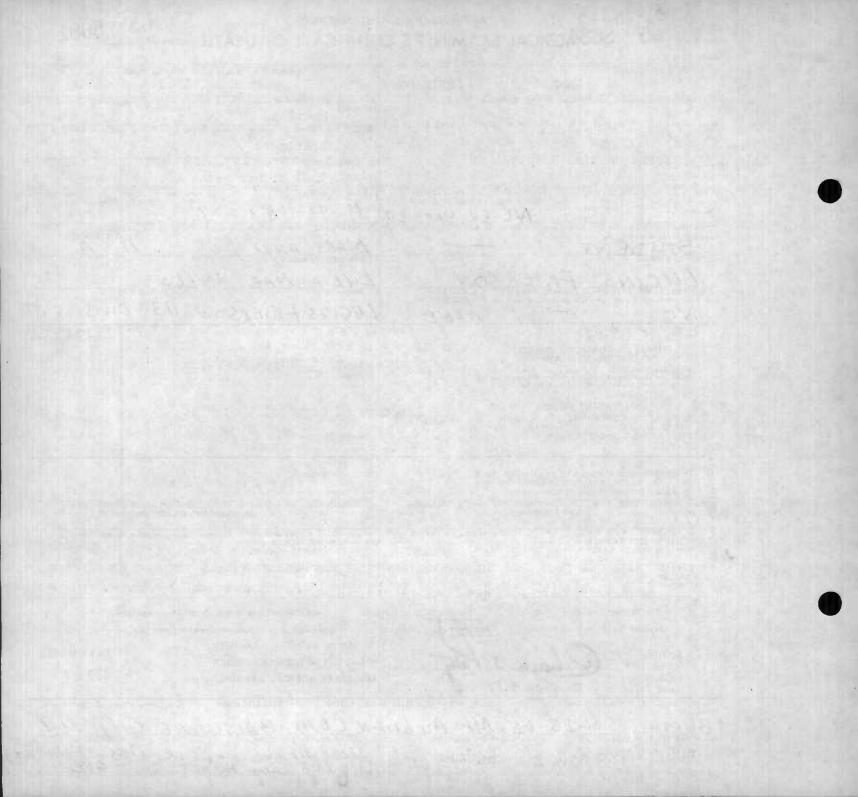
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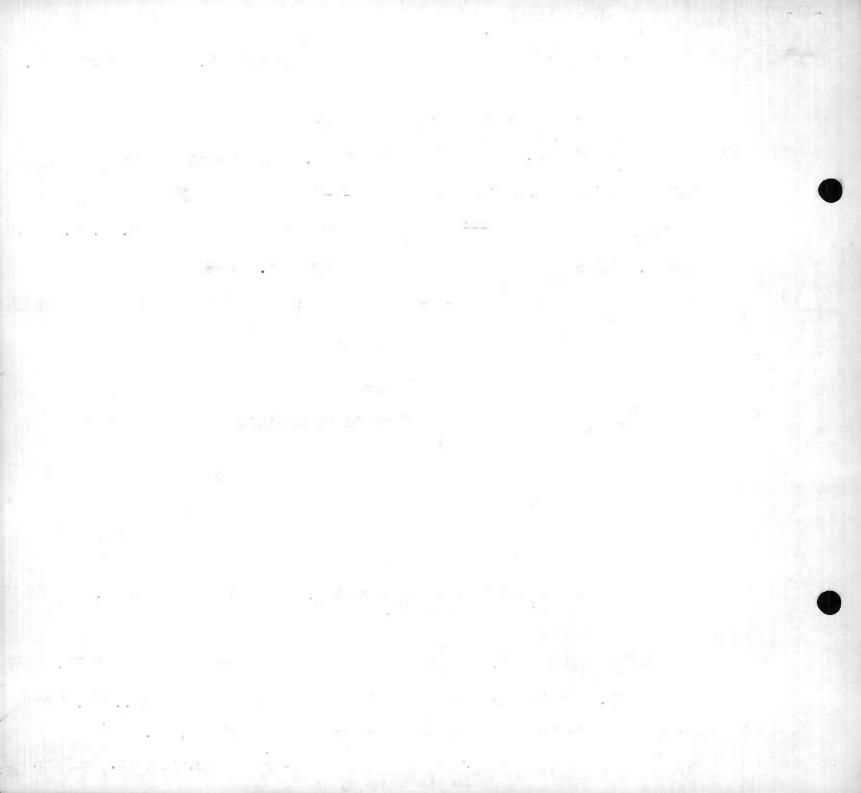
BIRT	H NO.	M	EDICAL EX	CAMINER'S C	ERTIFICATE OF D	EATH Registe	red No. 868	0		
	CASE NO.									
fTy	name OF DE	CEASED				HOUR PRONOUNCE	D DEAD			
2 B	LACE IN RAI	TIMACRE ANA DVI AN	JAMES I	E. LYLE	8-1	.7-65	12:4			
J. 1	LACE III DAG	TIMORE WARREAM	ID, WHERE PRONO	SNCLD DEAD	A. STATE	8. COU	NTY	outilis sion/		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
IN S	TITUTION	Abbresson	LOCATION				1-13			
4	1735	McCULLOH	ייאקקייצ		Baltimore D. STREET ADDRESS fil rurol,	give location)	100			
7	1,00	пеооддоп	O ZACIDIZ Z		1735 McCull					
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE fln years	If Under 1 Yr. If Ur	nder 24 Hrs.		
1	Male	Colored	_	DIVORCED (specify)	2/0/11	last birthdoyl	Months Doys Hou	ors Min.		
			Del	arated F BUSINESS OR INDUSTRY)/// LL Y 11. BIRTHPLACE (State or foreign		12. CITIZEN OF			
	during most of	working life, even if re			4.		WHAT COUNTRY	Y?		
13. F	ATHER'S NA	nployed			Virginia. 14. MOTHER'S MAIDEN NAME					
15.	David	LVLE ED EVER IN U.S. A	RMED FORCES?	16. SO CIAL	Lottie		ADDRESS			
		(II yes, give wor		SECURITY NO.		-3 - 300 T Wa				
				225-14-5953	Mrs Geneva E L	ATE TIDD MG	ourron of			
	18.	/ X 1		CAUSE	OF DEATH		INTERVAL ONSET AN			
	DISEA	SE OR CONDITIO		77		h = = =				
	fThis does	LEADING TO D		(A) Fresi	cerebral hemorr	nage	· · · · · · · · · · · · · · · · · · ·			
Н	heart failure injury or co	e, osthenio, etc. It	de of dying, e.g., means the disease, bused death.)	001 10						
Н							The state of the s			
		OR CONDITIONS		(B)DUE TO						
	RISE TO TI	HE ABOVE CAUSE	(A) STATING THE	DUE 10						
z	ONDERCE	NG CONDITION	LASI.	(C)						
2		11								
CERTIFICATION			TONS CONTRIBUTE							
TFI	DISEASE	R CONDITION CA	USING IT.	*************************				******		
ER	19A. DATE O		CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIL				
-1	1				Yes					
S	UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE DID (I office bldg., INJURY OCCUR?	of in Boltimore City, gi	ve exact location)			
ш	UTING L CA	JSE OF DEATH.	etc.)							
	21 D TIME OF INJURY	(Month) (Doy)	fYeor) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW DID INJU	RY O CCUR?				
	fAPPROX.)		m	WHILE AT NOT	WHILE					
	22.				F7					
g		rtify that I held a				s basis, death In m	<u></u>			
	resu	Ited from: Natur	al causes X	Accident Suicid	e Hamicide U	hand	pr			
	ACTUA	1 1 0		6-51	CHIEF MEDICAL EX	630	DATE !	SIGNED		
	SIGNA		mes is	- Zw (M.D	ASSISTANT MEDICAL EX	AMINER				
	EXAMI			75	ASSOCIATE MEDICAL EX	AMINER	8-17-	65		
22 A	NAME . BURIAL CR			C. NAME OF CEMETERY	CREAMATORY 1020 10	CATION (City,	town, or county)	(Stote)		
	AOVAL (Speci		23	O. NAME OF CEMETERY	OF CREMATORY 23D. LC	CATION (City,	iown, or county)	(31010)		
	urial		-/			ltimore Mo				
24A	. DATE REC'I	BY HEALTH DEPT	. 248. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS			
	AUG 2	3 1965 12	0 40 7	. 0	Adolphus Hal	stead 120	W North Av	re .		
VS	151-REV. 1/1	165	La TE. V	Talley II						

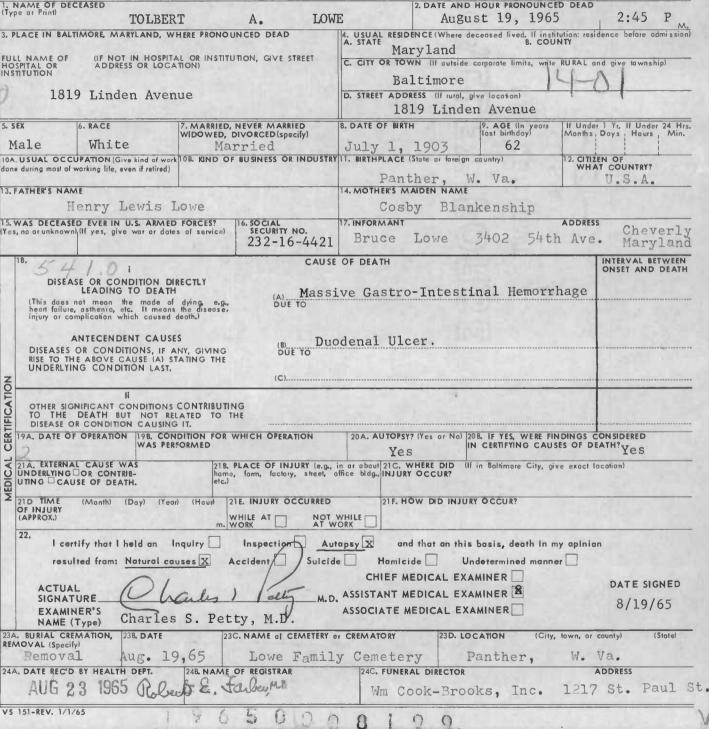


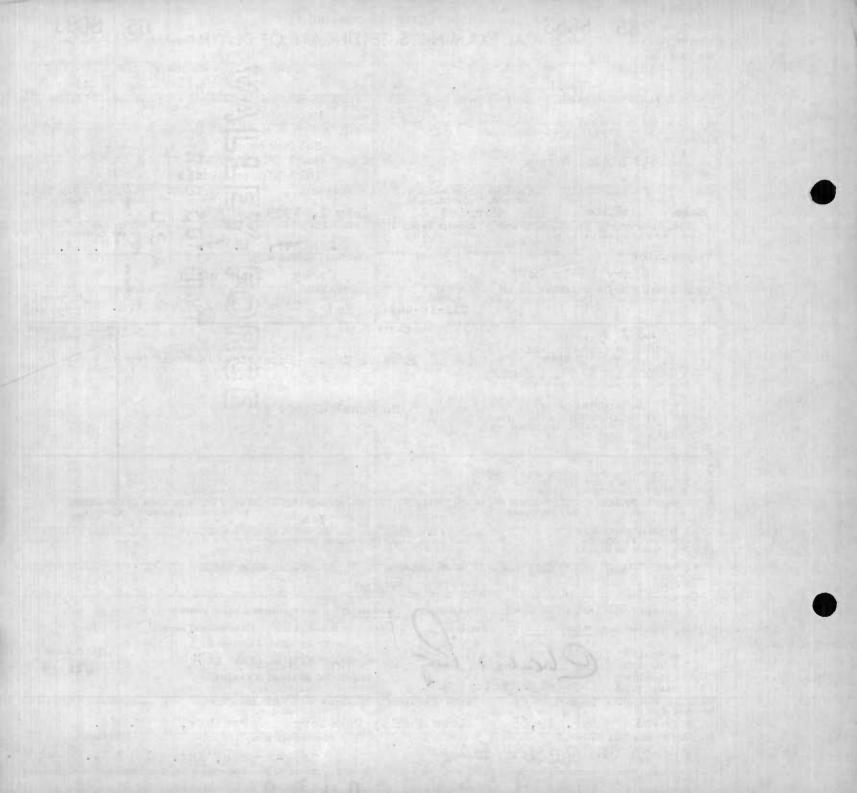
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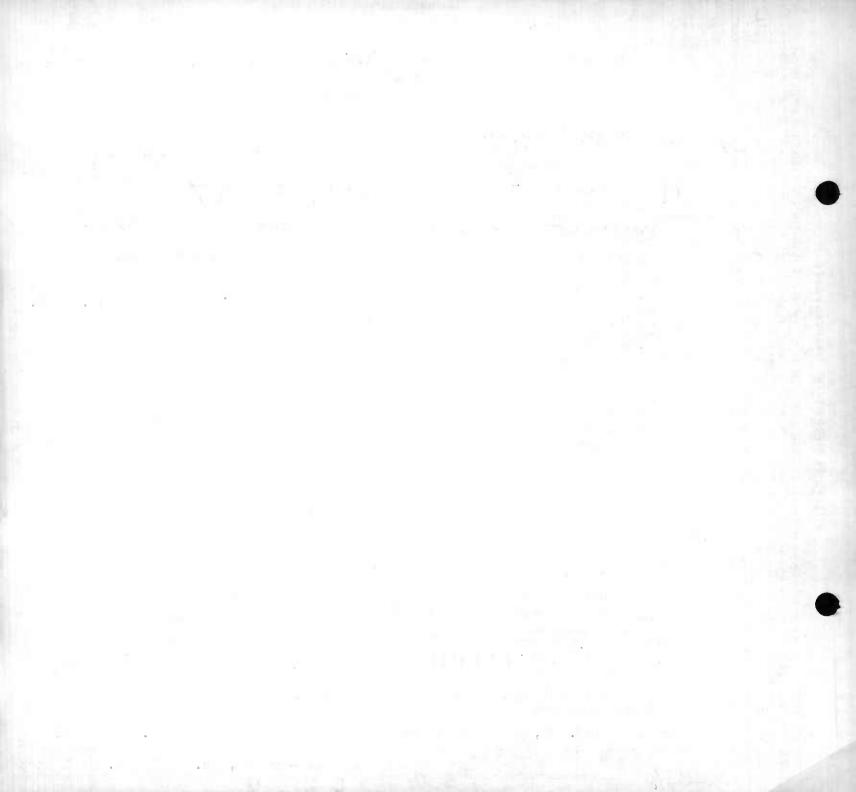
M.E. CASE NO.	CEASED Olive		TE OF DEATH Regist	OF DEATH
(Tune or Print)				
3. PLACE OF DE	William/Ri.	RYLAND	4. USUAL RESIDENCE (Where deceased	1965 4:50 P.M. Nived. If institution: residence before admission)
FILL NAME	DE Official in beautiful	or institution, give street	A. STATE B. COUNTY	Balte
FULL NAME (HOSPITAL OR INSTITUTION	address or lacation	or institution, give sweet	Maryland c. CITY OR TOWN (If outside city lin	mits, write RURAL and give township)
INSTITUTION	Baltimore	e City Hospitals	Baltimore	53-00
1	4940 Eas	tern Avenue	D. STREET ADDRESS (If rural, give I	
1	Baltimore	e, Maryland 21224	538 S. 46th Stre	et 21224
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In last birthdo)	years If Under 1 Yr. If Under 24 His. Months Doys Haurs Min.
Male	White	Single	11-4-1890 (11. BIRTHPLACE (State or fareign country)	74
done during most of	UPATION (Give kind of work wasking life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Retire			Maryland	U. S. A.
13. FATHER'S NA	ME	1 1 1	14. MOTHER'S MAIDEN NAME	
Tamas C	Ditton		Molinda E Massa	
15. Was Deceased	. Ritter Ever in U. S. Armed For	cas? 16. SOCIAL	Melinda F. Moore	ADDRESS
	n) (If yas, give wor or date			
No	0 / 1	CAUSE	F DEATH	Eastern Avenue 2122L
0 0	SE OR CONDITION DIE			ONSET AND DEATH
Distr	LEADING TO DEATH		umonia	2 Weeks
	not meon the mode of asthenio, etc. It meons		7. T.	
	mplication which caused	death.)		
	ANTECEDENT CAUSES	(B) Ast	oma	Years
	OR CONDITIONS, if	ony, giving		Vasna
	e obove cause (A) G CONDITION losi,	stating the (c) Cnr	onic Bronchitis	Years
O OTHER SIGN	IFICANT CONDITIONS C			
DISEASE OR	CONDITION CAUSING I			
OTHER SIGN TO THE C DISEASE OR 19A. DATE OF	F OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
A ACCIDE	NT WAS IINDERIVED	210 01 405 05 10111091	Yes	Yes
OR CONTRIR	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, larm, foctory, street,	office bldg., INJURY OCCUR?	in Boltimora City, give exact location)
O DEATH (notify	y medical examinar			
DEATH (natif	(Manth) (Day) (Year)		21F. HOW DID INJURY OCCU	IR?
(APPROX.)		Waik At Wark		
22. I certify	that (1) (this hospital) attended the deceased framA	ugust 3, 19.65 i	. August 17, 19 65 .
that (i) (we) last saw the decease	ed alive on August 17.	19 65 and that in (my)	(aur) apinian death accurred an the date
		ted above. (1) (We) (did) (did nat)		
23A. SIGNAT		00 11		23B, DATE SIGNED
>	INVIDACE	My CHIOM.D. AT	anding Mad. Staff Phys. K	August 17, 1965
23 C. PHYSICI	ANS	William III	23D. ADDRESS	1.00
NAME (an Malfan M.D.	LOLO Foots	P-1+- Wa 0100)
24A. BURIAL CRI	MATION 248 DATE	Ce McAfee M.D.	4940 Lastern Aven	(City, lawn, at caunty) (State)
REMOVAL	(Specify)			
Burial	8/21/6	Loudon Park Cen	letery Baltimo	ore, Md.
ALC OD	1965 (P. C. &	O P A	Wm Cook-Brooks Ir	nc. 1217 St. Paul St.

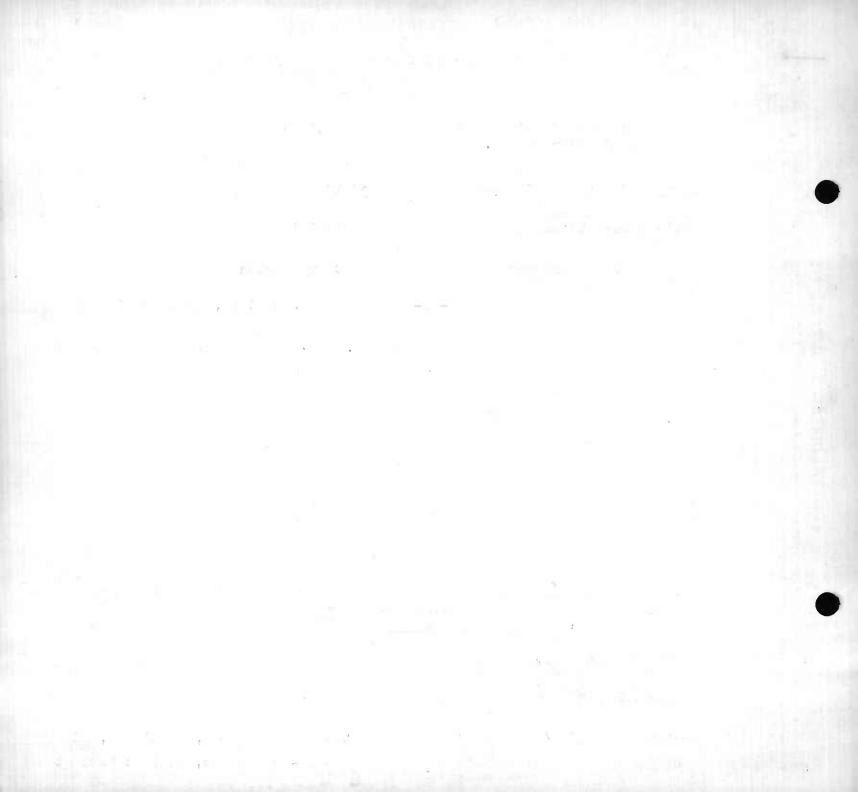






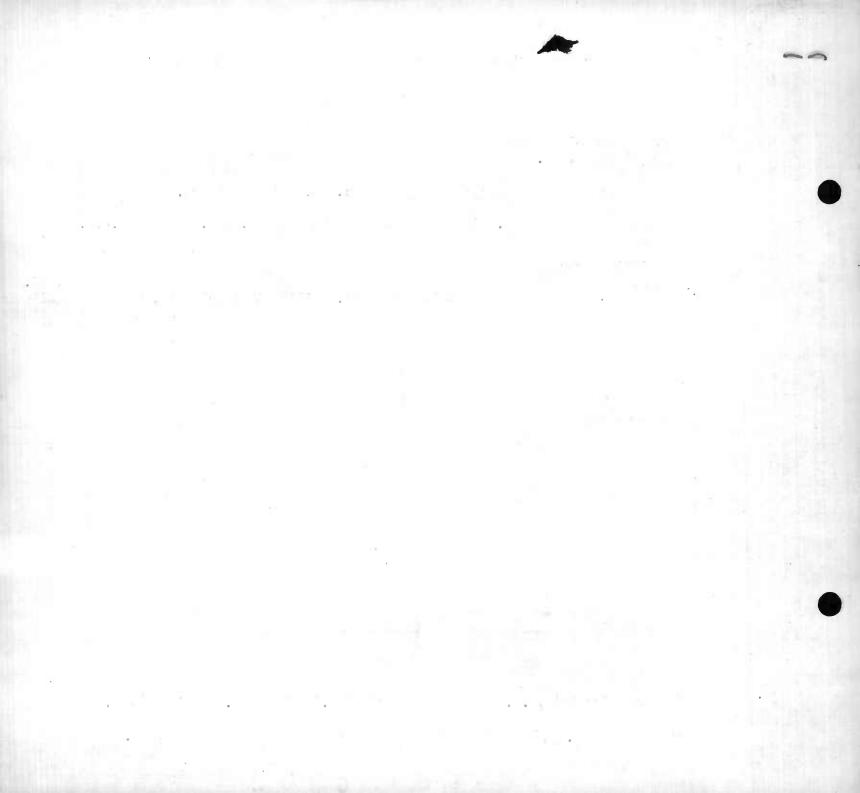
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5 T	V.E.	NO. CASE NO.		686	CERTIFICA	TE O		Registered No.	5 8686
		ME OF DEC	Grover	Cleve	eland Schwar	. 67	_		5
3	3. PI	ACE OF DEA	TH IN BALTIMORE, M		stand Schwar	14. USUA	L RESIDENCE (Where	deceased lived. If insti	tution: residence before odmi:
						A. STATE	B. COUNT		-27
	H	ULL NAME O	F (If nat in hospital oddress or locati	al ar institution ion)	n, give street		ryland OR TOWN (If outs	ide city limits, write RU	RAL and give tawnship)
	(1)	ISTITUTION					Baltimore		
	1	3622	Seven Mile	Lane		D. STREE	ET ADDRESS (If re	ural, give location)	
		Bal	timore 8, Mc	1.		36	22 Seven Mi	le Lane	
	. SI		6. RACE	WIDOW	D, NEVER MARRIED 'ED, DIVORCED (specify)		18,1884		onths Doys Haurs M
		LLO USUAL OCCU	White JPATION (Give kind of wo	ork 10B, KIND	ried OF BUSINESS OR INDUSTRY			81 yrs.	12. CITIZEN OF
d	done	during most of v	working life, even if retired 181°	Mrs.	Sidney Landspe				WHAT COUNTRY?
1	13. F	ATHERS NAM	AE			14. MOTH	HERS MAIDEN NAM		/ /
		Wi	lliam Schwar	rtz		1176	7	SMI	7/
1	5. V		Ever in U. S. Armed F		1 6. SOCIAL SECURITY NO.	17. INFOR	RMANT		Baltimore 8, M
		No	None		220-22-8928	ims.	Hallie Eth	el Schwartz.	3622 Seven Mi
		18. 7/ 2	2.11		CAUSE	F DEATH			INTERVAL BETWEEN
			E OR CONDITION D	DIRECTLY		0+		+ run	ONSET AND DEATH
			LEADING TO DEATH		(A)	tre	norder	otu CUD	Jean
l		(This does n	of meon the made a asthenia, etc. II mean	of dying, e.g	g., DUE TO		. » » » « « « » « « « « « » « « » « » «	••• • • • • • • • • • • • • • • • • •	0
			plication which couse						
		1	ANTECEDENT CAUSE	ES	DUE TO		•••••••••••••••		
			R CONDITIONS, if		ng .				
			above couse (A G CONDITION last,	i stating It	1e (C)				
	-		- 11						
	ATION	TO THE D	FICANT CONDITIONS EATH BUT NOT REI CONDITION CAUSING	LATED TO			A		
	FICA		OPERATION 198. CO	NDITION FOI	WHICH OPERATION	20 A. A	AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
	ERTIFIC	6	4	ERFORMED	~		no	IN CERTIFIING CAUS	ES OF DEATH!
	0	OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF medical examiner	2 h e	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, (tc.)	n ar about iffice bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Baltimare (ity, give exact lacation)
ľ	0	21 D. TIME	(Month) (Doy) (Yeo	r) (Hour) 2	IE INJURY OCCURRED		21F. HOW DID INJU	IRY OCCUR?	
		OF INJURY (APPROX.)			While At Not Whi	le 🔲			
		22 1	Ahaa (1) (45): 1		the deceased from		. 0	dos.	ug 20 19 6
					01	b 10	65 ond the	ing.	on deoth occurred on the
			lost sow the deceo					r in (my) (odr 7 opini	on geoth occurred on th
	L			oted obove.	(1) (We) (did) (did not)	view the b	body ofter deoth.		
	-	23A. SIGNATU	8 1L.	1.to	a aup, un a	ending	Med.	Stoff -	8-21-65
			1. 700	Xmite	Ph.	/s	Director 🔲	Phys.	8 - 1 - 3
		PHYSICIA NAME (T	N'S (23 D. ADDI	RESS		
		Gust	av Highstein	n.M.D.	M.D.	388	W. Lombard	St. Baltimor	e .Md.
2	24A.	BURIAL CREA	MATION, 248. DATE		NAME of CEMETERY of CE	EMATORY			town, or county) (St
		Burial	Aug.23	.1965 S	tone Chapel Ce	meterv	P	ikesville 8,	IVK1 •
2			BY HEALTH DEPT.	25B. NAMI	E OF REGISTRAR	25C. I	FUNERAL DIRECTOR		ADDRESS //
	A	UG 23	1965 A O B	+ C TA	Danes .	37	rent 91:	Rewell	Mellow W.
,	S 1	50-REV. 1/1/6	55	16,40		0/13	7 Y 9		The state of the s

BALTIMORE CITY HEALTH DEPARTMENT



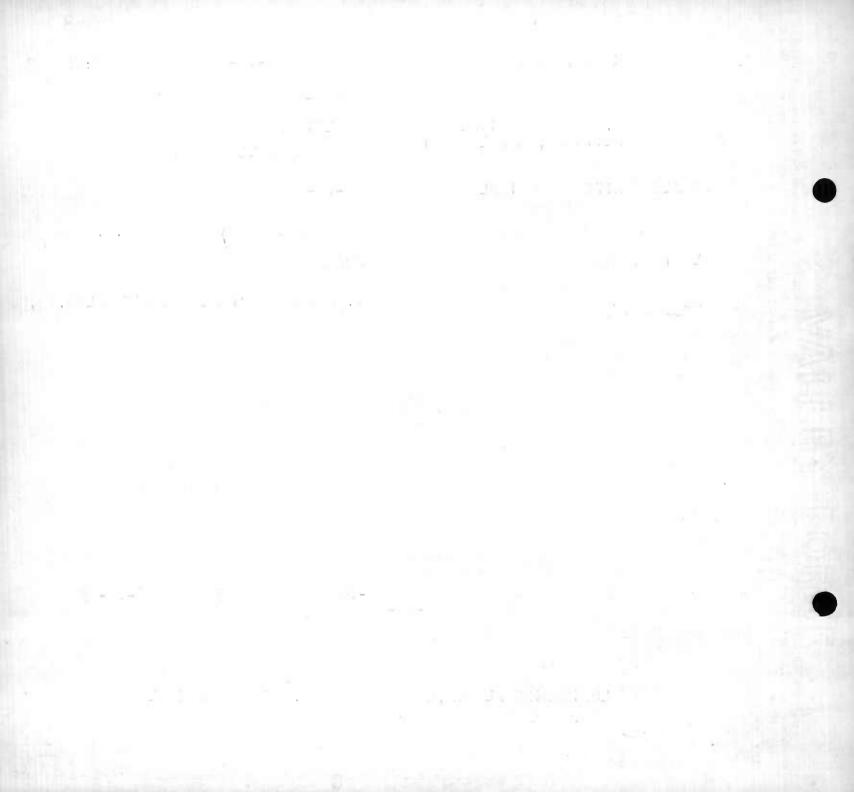
IMPORTAN

DIRECTOR:

FUNERAL

. 15 : 15 -2 W m 2 h m

pital and of death Deceased on the	1. N (Ty		, BABY		8	-18-65	1 4:55 P
d in a host ing cause cause; (5) attendancrior to dec		NSTITUTION ST. AG	haspital or institu r location) NES HOSI		A. STATE B. CO MARYLAND C. CITY OR TOWN (IF BALTIMORE D. STREET ADDRESS	Vhora daceasad lived, l DUNTY	f institution: residence before odmiss te RURAL and give township)
occurr ontribu ermine regula eased is mad	102	EMALE WHITE	S I I	RIED, NEVER MARRIED OWED, DIVORCED (specify) IGLE D OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 8-18-65 11. BIRTHPLACE (State of MARYLA) 14. MOTHER'S MAIDEN I	ND	If Under 1 Yr. If Under 24 Months Days Hours Mi 7 12 CITIZEN OF WHAT COUNTRY?
T if if	13.	LOUIS KEENE			JOANN BUSH	NAME	
r his assistant Also, if the distant so of any kind; counced death ittendance on med or final dis	15. (Ye	Was Deceased Ever in U. S. Ar i,no ar unknawn) (II yes, giva wo NO	mad Farces? r or datas of serv	security Nd.	ST. AGNES H	OSPITAL RE	CORDS BALTO. 29,
examiner oxaminer oxaminer. 1) A fracture Who pron regular o		(This does not mean the mean failure, asthenia, etc. It injury or complication which ANTECEDENT CONSERSES OR CONDITION rise to the above caus	means the dist caused death.) CAUSES IS, if any, give (A) stating	DUE TO		gelo celo	lus Buth
	z	UNDERLYING CONDITION II		UTING			
f medica medica y burns; physici ian was	FICATION	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA	TIONS CONTRIBUTE TO THE STATE OF THE STATE O	THE FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WE	RE FINDINGS CONSIDERED
the chief medically a medical (2) Body burns, ere the physician was ophysician wese	CERTIFICA	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA	TIONS CONTRIBE	THE FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or 4 E S	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? moro City, givo exact location)
ed by the chief medical cospital by a medical atture; (2) Body burns; pt where the physician was ned before the remain	ICAL CERTIFICA	OTHER SIGNIFICANT CONDITION THE DEATH BUT NO DISEASE OR CONDITION GA 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE	TIONS CONTRIBE OF RELATED TO USING IT. P.B. CONDITION (AS PERFORMED) LYING OF	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in hame, larm, lactory, straet, of etc.)	20A. AUTOPSY? (Yes or 4 E 5) In ar about 27C. WHERE DIE INJURY OCCUR. 21F. HOW DID	IN CERTIFYING	
e approved by the chief medical to the hospital by a medical of any nature; (2) Body burns; tal (except where the physician was the obtained before the remain	MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical axamina 21D. TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (this has that (th) (we) last saw the contribution of	TIONS CONTRIBUTED TO USING IT. PB. CONDITION IVAS PERFORMED LYING OF IVAS PERFORMED (Year) (Hour) (Year) (Hour)	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) 21E. INJURY OCCURRED While AI Not While At Work At Work ded the deceased from	20A. AUTOPSY? (Yes or y E S) That about 27C. WHERE DID INJURY OCCUR 21F. HOW DID 8-18 19-65 and tiew the bady after dear	IN CERTIFYING (If in Boltin INJURY OCCUR? 19 65 ta	mora City, give exact lacotion)
runeral bases and the chief medical desired to the hospital by a medical dent of any nature; (2) Body burns, lospital (except where the physicideath); and (6) No physician was the obtained before the remainst	MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA 19A. DATE OF OPERATION WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical axamina 21D. Time (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (A) (this had that (A) (we) last saw the cause 23A. SIGNATURE	OF STATE OF	THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in hame, form, factory, straet, of etc.) 21E. INJURY OCCURRED While AI Not While At Work An 8-18- We. XI) (We) (did) (XI) (XI) VIII (We) (AID) Attached Phy	20A. AUTOPSY? (Yes or UES) In ar about 27C. WHERE DID lifice bldg., INJURY OCCUR 21F. HOW DID 8-18 19 65 and riew the bady after deat 23D. ADDRESS ST. AG	IN CERTIFYING (If in Boltin INJURY OCCUR? Injury Occur? that in (my) (aur)	8-18-65 19 apinian death accurred an the



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VS 150-REV. 1/1/65

9.03P

If Under 24 Hrs.

Hours

WHAT COUNTRY?

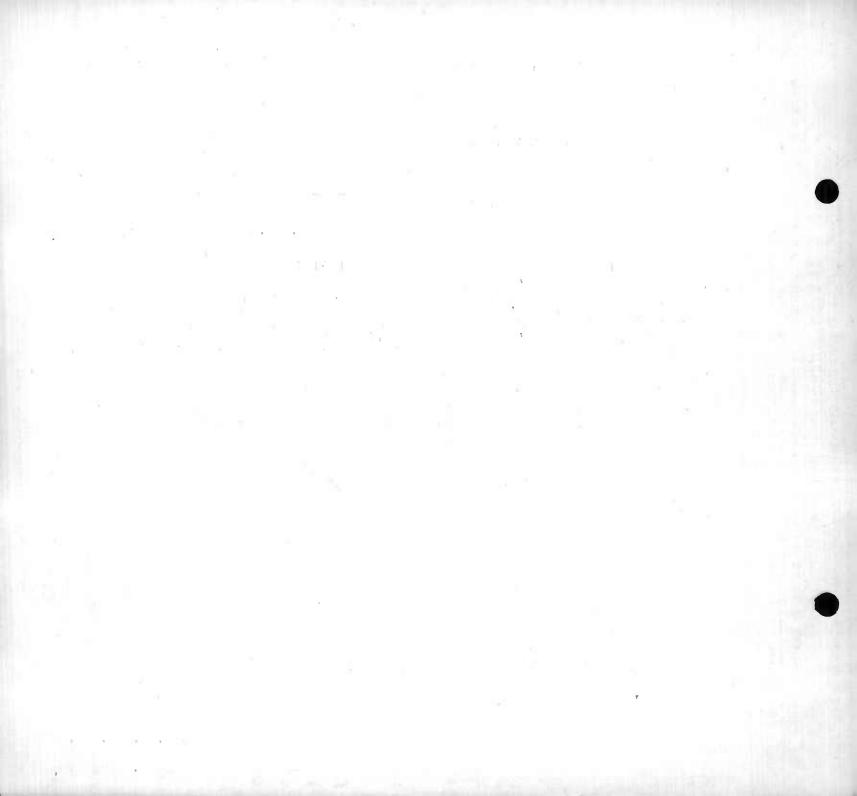
ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

THE REPORT OF THE PARTY OF THE

R	6551		05 000		Y HEALTH DEPARTMENT	. 65 9000
D	and the the		CASE NO.	U CERTIFICA	ATE OF DEATH Registered N	.7.5
	-B0E		or Print)	MARCARET	2. DATE AND HOUR OF DEAT	
	Dec of	3. PLA	CE OF DEATH IN BALTIMORE, MAI	MARGARET L	4. USUAL RESIDENCE (Where deceosed lived. II	1:55 PM M Institution: residence before admission)
	in a hospit g cause of suse; (5) De trendance rr to death	HOS	L NAME OF SPITAL OR Oddress or Jocotion		MARYLAND , ANNE	ARUNDLE THE RURAL and give township)
K	ting d co		HE JUHNS HUPKINS	HUSPITAL	R F D 6 BOX 276	В
3	occurre ontribus ermine regular regular is made	5. S EX		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
K	re re si is	10A. US	SUAL OCCUPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTRY	111. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
18	in in tion	done du	Housewife	At Home	Balto. Md.	USA
or	ct c	13. FA1	THER'S NAME		14. MOTHER'S MAIDEN NAME	OOR
C =	direct o ; (4) Un th was n the c		THOMAS SIMMONS		VIRGINIA TUCKER	
AN A.	= 0 ± 0 _	15. Was	s Deceased Ever in U. S. Armed Force or unknown) (If yes, give wor or dote:	s of service) 1 6. SOCIAL	17. INFORMANT	ADDRESS
RE	ssist the the kin dec nce		No	N N N N N N N N N N N N N N N N N N N	Family	Same
Muluid	s ag if any ced or	18.	4/1/		DE DEATH	INTERVAL BETWEEN OMSET AND DEATH
Z 2	llso of of other		DISEASE OR CONDITION DIR	ECT SO SO (A)	Minister Dead	Lucare,
n	Pror	(Ti	his does not meon the mode of earl foilure, asthenia, etc. It meons	dying e.g. DUE TOV		
ORO	ner act act ula	in	july of complication which caused	death.		
75	A fr		ANTECEDENT CAUSES	O L DUE TO	•••••••••••••••••••••••••••••••••••••••	000 0 m 0 000 00 m (
3 3	ex exg 3) M	ris	ISEASES OR CONDITIONS, if of the course is the course course (A)		***************************************	
DIRE	al al s; (s; iar is i ins	01	NDERLYING CONDITION last.	= 3		
Span	medical nedical burns; (3 obysician an was in	2 10	II THER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELA ISEASE OR CONDITION CAUSING 1	TED TO THE		
7	a nody	THE TO	A. DATE OF OPERATION 198. CON		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
The state of the s	tal by y; (2) Bener there there there before	U 21	A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	AR' PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	YES	nare City, give exact lacohan)
	spily vure (S) N	0 211	D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	ho ho nat	₹ (A	PPROX.)	While At Not Whi		-0/-
	pro the ny exc an	22	. I certify that (1) (this hospital)	ottended the deceased from	5/1/ 1900	8/19 165
	of of of all (h);	the	ot (I) (we) lost sow the decease	d olive on 1551m 8	19 6 5 ond that in (my) (our) o	pinion death occurred on the date
	0-0-			d Abore. (1) (We) (did) (did not)	view the body ofter death.	
	leas leas hos o do	234	SIGNATURE OM KI	pour mi	lending Med. Stoff Director Phys.	23B. DATE SIGNED
	was re was re A. at a prior t	230	NAME (Type)	R M.D.	23D. ADDRESS	PITAL
	ENERDO		URIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		(City, town, ar county) (State)
	Series D.O ase	000	rial 8 23 65	Glen Haven	Glen Burnie,	A. A. Co. Md.
	This cert the body shows: (was D.O decease	11	ATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	され きゅうき		AUG 23 1965 Rele	DE. Jankey	Mc Cully 1	30 E. Fort ve.
		V\$ 150	-REV. 1/1/65	a de la companya del companya de la companya del companya de la co	1	



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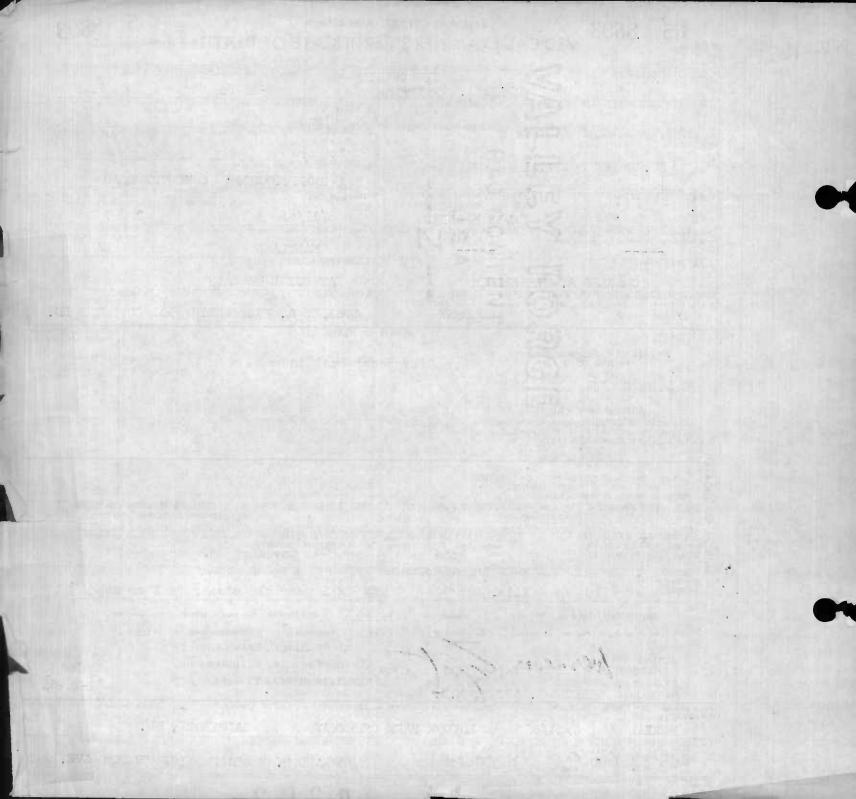
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65-15185 65 8693

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.							
1. NAME OF DEC	CEASED		NIEBERL	EIN	2. DATE AND HOUR PRONOUNC	ED DEAD	
(1)00 01 (11110	CHRI	STOPHER	J. NIKOKRAN	改 8-19-65 2:30 P M.			
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESI	DENCE (Where deceased lived, if inst	itution: rosidenco befare admission	
				Maryla			
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET		OWN (If outside corporate limits, write	RURAL and give township)	
NOITUTITZNI				Politim	2	3 /	
O cm	AGNES HOSPIT	PAT	DOA	Baltim	DRESS (If rural, give location)	~ (
21.	AGNES HOSELI	LAL -	DOA			PDV POAD	
		Ta				CRY ROAD	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIR	TH 9. AGE (in years last birthday)	Months, Doys, Haurs, Min.	
Male	White	NEVER	MARRIED	6/1	.2/65	2 7	
					(State or foreign country)	12. CITIZEN OF	
	warking life, even if retired)			N	ARYLAND	USA	
3. FATHER'S NAM			n m (n) (n)		MAIDEN NAME	USA	
	CHARLES A. N.		EN		ERINE MEDCALF		
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM ANT		ADDRESS	
NO	, was, give war or quie	s di solvicei	NONE	CHARLE	S A. NIEBERLEIN 53	31 COVENTRY RD.	
1B. F. 9	10.0.		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEAS	SE OR CONDITION DI	DECTIV				ONSE! AND DEATH	
Disca	LEADING TO DEATH		Crani	ocerebral	injury		
(This does n	nat mean the made of asthenia, etc. It means	dying, e.g.,	DUE TO		······································		
injury or cor	mplication which caused	deoth.)				CONTROL PRODUCTION VIN	
						Bullion Service of the	
	ANTECENDENT CAUSE		(B)				
RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S'	TATING THE	DUE TO				
	NG CONDITION LAST.						
Z			(C)				
Ĭ	li li						
OTHER SIGI	NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTI	NG HE				
E DISEASE O	R CONDITION CAUSING		*****************	**************			
OTHER SIGN TO THE DISEASE OF 19A. DATE OF			WHICH OPERATION	20A. AUTOP	SY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED	
0	WAS PER	FORMED		Ye	S S S S S S S S S S S S S S S S S S S	SES OF DEATH?	
ZIA. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar obout 21C.	WHERE DID (If in Baltimaro City, g	ivo exoct locotion)	
UTING CAU	OR CONTRIB-	home etc.)	home home	office bldg. INJU		25 31	
~	JE OF DEATH.				i dovemory ma.	X = 0/	
21D TIME OF INJURY	(Manth) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCURRED		HOW DID INJURY OCCUR?		
(APPROX.)	8 19 65	?11a.	WHILE AT NOT	WHILE X 1	year old sister fel	1 on subject	
22,	0 1/ 0/	· 1144.	VORK L AT	WORK A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 011 2 40 3000	
	tify that I held an I	nquiry	Inspection A	utapsy X a	nd that an this basis, death In	my apinian	
regul	ted fram: Natural ca		Accident X Suici	de Hami	cide Undetermined mann	er 🗆	
10301		0363	Solci				
ACTUAL	1.10.		1-1		MEDICAL EXAMINER	DATE SIGNED	
SIGNAT		N.C	100 · M.I	ASSISTANT	MEDICAL EXAMINER X		
EXAMIN		-	7 (ASSOCIATE	MEDICAL EXAMINER	8-20-65	
NAME (J. SPITZ	, M.D.			0-20-03	
23A, BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	or CREM ATORY	23D. LOCATION (City	r, tawn, or caunty) (State)	
REMOVAL (Specify		CF	Tolmor Direct	OTB CTONTON	PATMTMODE	MD	
BURLA			LOUDON PARK		BALTIMORE,		
24A. DATE REC'D	BY HEALTH DEPT.	. A	OF REGISTRAR	24C. FUNI	ERAL DIRECTOR	ADDRESS	
AUG 2	3 1965 Rober	A & J	arleufi.h	HOWAI	RD H. HUBBARD 4107	WILKENS AVE. 212	
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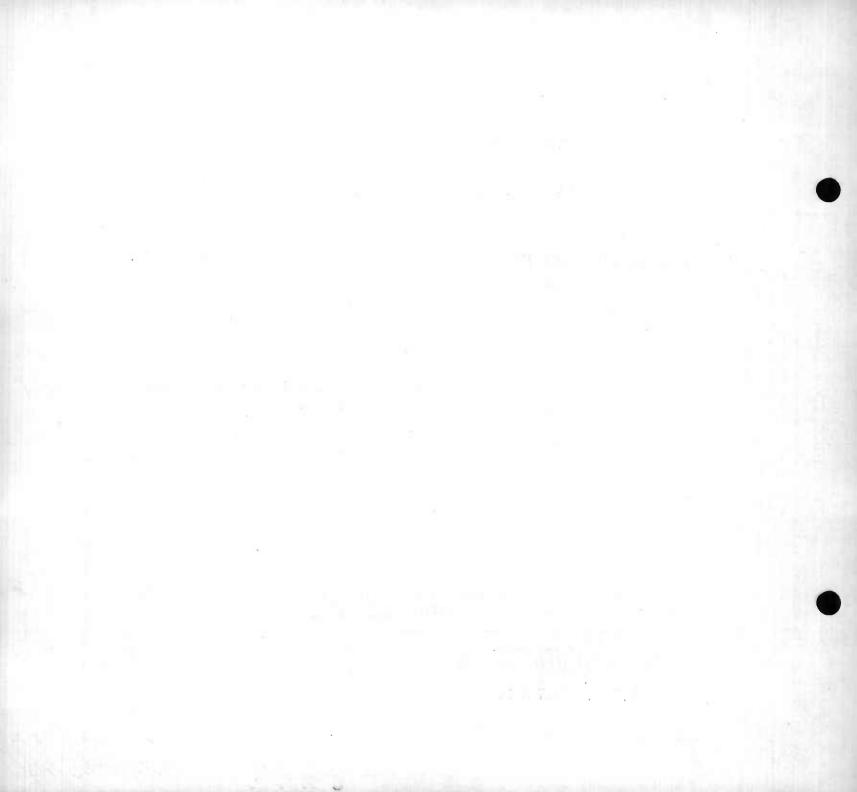
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DIRECTOR:

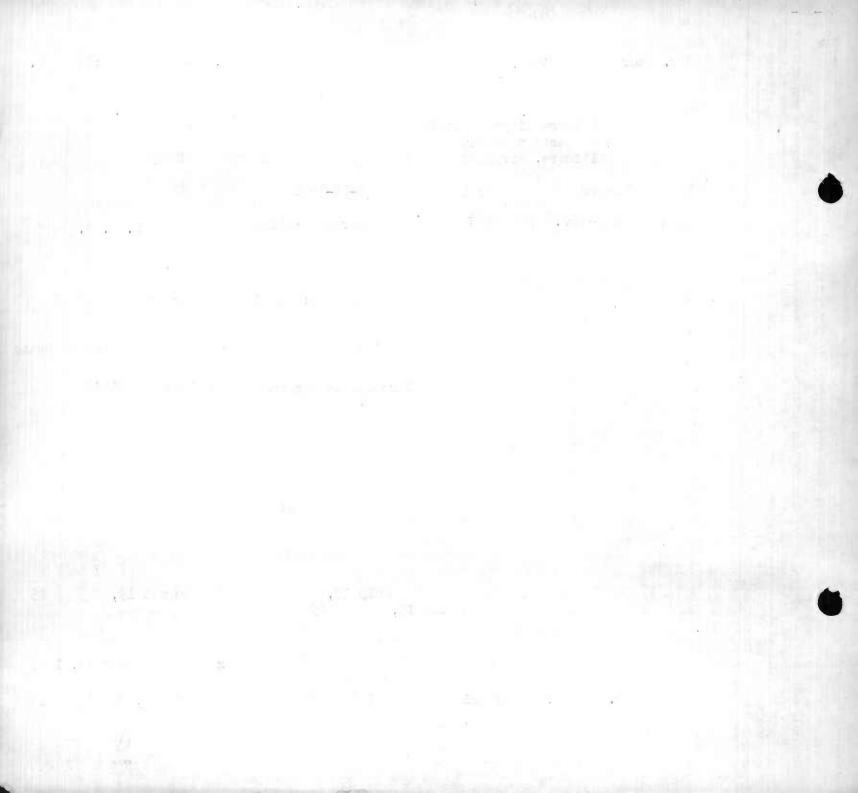
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BIRTH	No. 65 8695 CERTIFICA	TE OF DEATH Registered No. 65 8695	
1.NA	CASE NO. ME OF DECEASED or Print)	2. DATE AND HOUR OF DEATH	
	LEAVER GEORGE	14. USUAL RESIDENCE (Where deceased lived, It institution; residence before admissi	M.
HC	JLL NAME OF (If nat in hospital or institution, give street OSPITAL OR oddress or tacotian) STITUTION	A. STATE B. COUNTY MARYLAND A.A. C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
10	ST. AGNES HOSPITAL	D. STREET ADDRESS (If rural, give locotion) 415 SHIPLEY ROAD	
	ALE WHITE TO MARRIED, NEVER MARRIED WIDOWED (spacify) WIDOWED JSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 7-18-85 9. AGE (In years lift Under 1 Yr. If Undar 24 Hondar) North Sinday 11. BIRTHPLACE (Stota or fareign caunity) 12. CITIZEN OF WHAT COUNTRY?	
	during mast of washing lile, even if retired)	ENGLAND U.S.A.	
13. FA	WILLIAM LEAVER	14. MOTHER'S MAIDEN NAME Eliza Borwick	
(Yes, n	as Deceased Ever in U. S. Armed Farces? 10 or unknown) (It yes, give war ar dates of service) ES WW1 (Canada) 16. SOCIAL SECURITY NO. 014090539	ST. AGNES RECORDS-CATON & WILKENS AN	VES
NO.	heort foilure, ostherio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION lost.	The DEATH INTERVAL BETWEEN ONSET AND DEATH ture of Interventucular september of Miscaudiel infanction ASCUD-	»100000 «00000
	DISEASE OR CONDITION CAUSING IT. 9.4. DATE OF OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yas at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CALC	17.A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in hame, farm, factory, streat, all places of the property of the	n or about 2/C. WHERE DID (If in Baltimare City, give exact lacation)	
30	1D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED PF INJURY APPROX.) While At Not While At Work		M
2	2. I certify that (I) (this hospital) attended the deceased fram Albard (I) (we) last saw the deceased alive an AUGUST 20		
t1	and haur and fram the causes stated above. (1) (We) (did) (did nat) v		Ш
†1 a 2:	and have and from the causes stated above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit and state above. (I) (We) (did) (did not) visit above. (I) (We) (did) (did) (did not) visit above. (I) (We) (did) (did	ending Med. Staff Phys. 238. DATE SIGNED Staff Phys. 250-67 23D. ADDRESS ST. PGNES Hasp: 5AC	
2: 2: 24A.	and haur and fram the causes stated above. (I) (We) (did) (did nat) violation (I) (We) (did) (did nat) violation (II) (We) (did) (did nat) violation (II) (We) (did) (did nat) violation (II) (We) (did) (did nat) violation (III) (We) (did) (did	ending Med. Staff Phys. 23B. DATE SIGNED 23B. ADDRESS ST. PGNES Halp: SA EMATORY 24D. LOCATION (City, tawn, at county) (State)	<u> </u>

OF THE AMERICAN SECURI AND

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65 8697	BALTIMORE CITY HEALTH DEPARTA		CE OCOC
BIRTH NO.	CERTIFICATE OF DEA	ATH Registered No.	65_8697
M.E. CASE NO. 1. NAME OF DECEASED Type or Print) 101MER A. RUSS	SELL	AUG 21 SI	965 10 - A
3. PLACE OF DEATH IN BALTIMORE, MAJEYLAND FULL NAME OF (If not in hospital or institution, give	A. STATE	B. COUNTY	institution: residence before admissio
HOSPITAL OR oddress or locotion) UNION MEMORIAL HE	C. CITY OR TOWN	rove	RURAL ond give township)
	115 De	epselve Ro	jab 10
m white more	1/3/05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months; Doys Hours Min.
	Requardt Philad	Elphia	WHAT COUNTRY?
Blexander Volliner	auna	Kilian	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO None	SOCIAL SECURITY NO. 17. INFORMANT Mrs. Alexan	ndra H. Vollmer	115 Deepdene Rd. Baltimore, Md. 1
18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) FERITONI DUE TO	TB (1	250)
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES	(B) Corcinone	a of Signal	ess) R July 1964
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO	0	
UNDERLYING CONDITION last,			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
U 21A.ACCIDENT WAS UNDERLYING 21B. PL.	iid YE	2	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in or about 21 7. WHER form, factory, street, office bldg., INJURY OF	CCUR?	ore City, give exact location)
OF INJURY (APPROX.) OMONth (Month) (Doy) (Yeor) (Hour) 21E, IN While Work		DID INJURY OCCUR?	
22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an	-1.7	19 63 10	S/Splinian death accurred an the da
and haur and from the couses stated abave. (1)	(
man A Shor	M.D. Attending Med. Direct	ctor Phys.	23B, DATE SIGNED
DR. BRAAN H. GROSS	23D. ADDRESS M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	e of CEMETERY of CREMATORY id Ridge Ceme tery		City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF 1			Dulto ADDRESS . 1
VS 150-REV. 1/1/65	5 0 0 0 000	W MATERIA	The second of the

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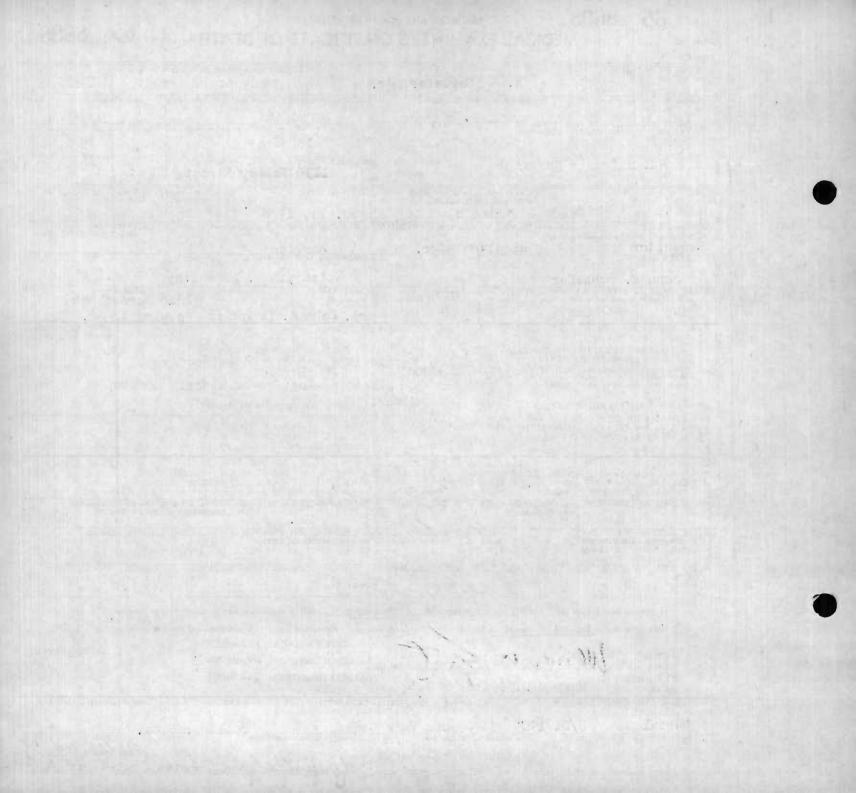
Loudon Park Cemetery

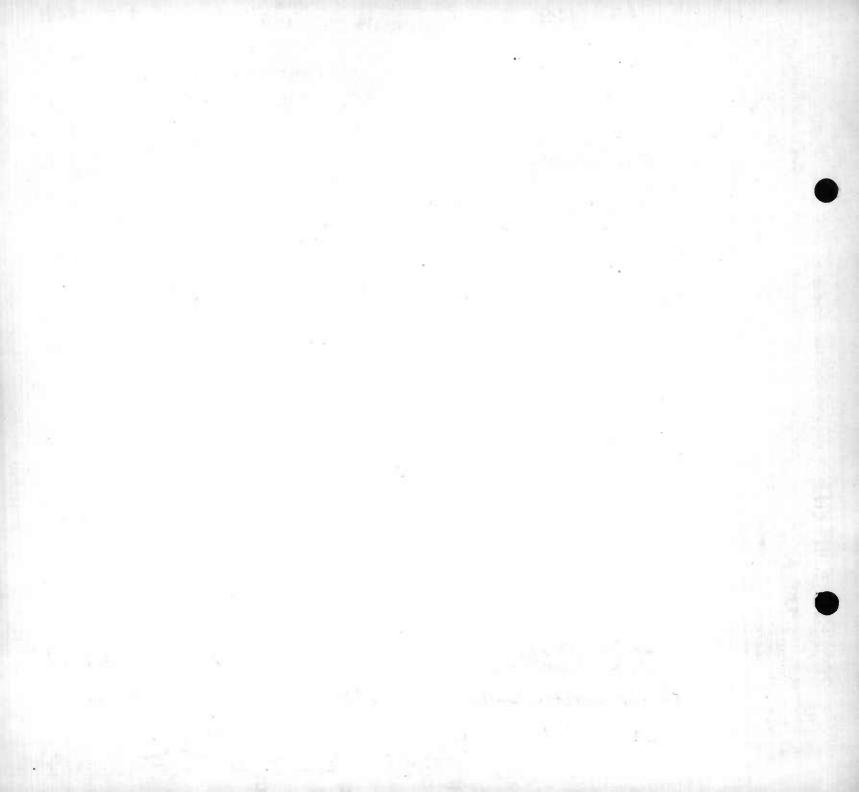
248, NAME OF REGISTRAR

Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



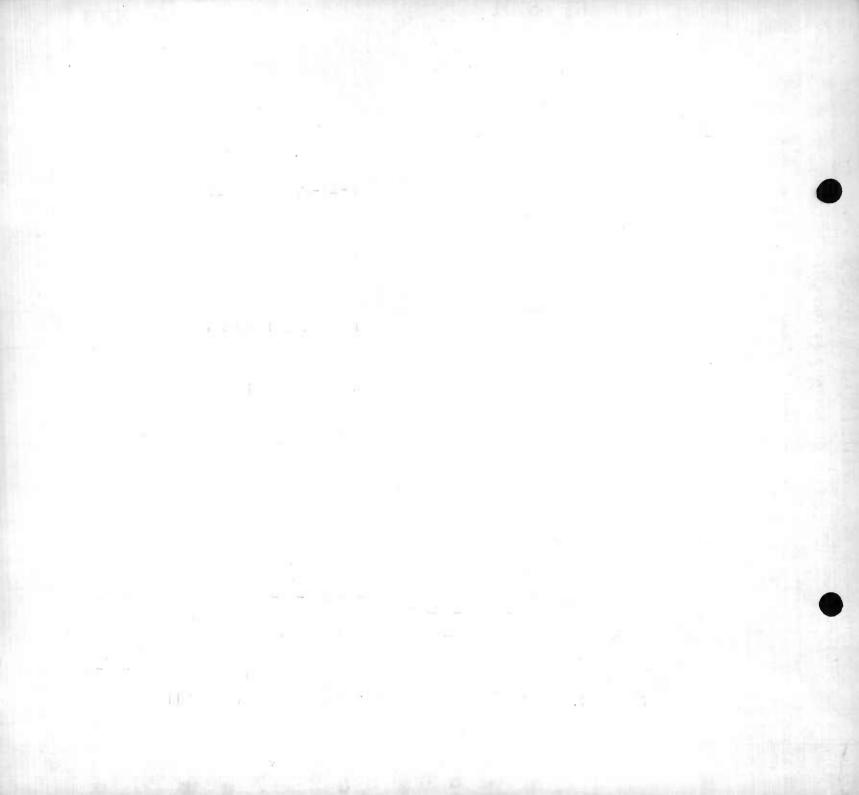


65 871111		
BIRTH NO. 65 8700 CEDTIFIC	CATE OF DEATH Registers	od No. 65 8700
M.E. CASE NO.		
I. NAME OF DECEASED Type of Print) ADCHOD Dlancho II	2. DATE AND HOUR OF	
Anonen, blanche v.	August 19,19	
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased liv	ed. If institution: residence before admissio
FULL NAME OF (If not in hospital or institution, give sheet	Maryland Balti	more
HOSPITAL OR address or tocotion)	C. CITY OR TOWN (If outside city limits	, write RURAL and give tawnship)
St Joseph's Hospital	Baltimore	5-01
	D. STREET ADDRESS (If rural, give laca	
	1714 E. Preston S	St.
SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yet	
Female colored married specify	1/16/97 last birthdox)	Manths Days Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. CITIZEN OF
one during most of working life, even if retired)		WHAT COUNTRY?
Womestie	Maryland	
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
Fours (ImiTh)	(Khada) IDAN	ntom
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. ANFORMANT	ADDRESS
'es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	20. 1 Milata	
	The wicher	
190101	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	lmonary embolism with infa	rction
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	lmonary embolism with infa of right lung.	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B) Ca.	reinoma of colon with inte	stinal
DISEASES OR CONDITIONS, il ony, giving	k obstruction.	
rise to the above couse (A) stoting the (C) Per	rforation of cecum with lo	calized
	ritonitis.	
A THE STATE OF THE		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
	3 00	
U 21 A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (yes
OR CONTRIBUTING CALLSE OF home form foctory stees	e.g., in ar obout 21C. WHERE DID (If in	
21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e home, form, foctory, street DEATH (notify medicol examiner)	e.g., in ar obout 21C. WHERE DID (If in INJURY OCCUR?	yes
DEATH (notify medical examine)		yes
DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While As The Month of the Company of the Compan	21F. HOW DID INJURY OCCUR?	yes
DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not	White Wark	yes Bollimore City, give exact location)
DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 D. TIME (Month) (Doy) (Year) (Hour) While At Not	While Wak	yes Boltimore City, give exact location)
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DEATH (notify medical examines) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on August 19 and hour and from the couses stated above. (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Govinda Rao,	While August 19 19 65 to 19 65 ond that in (my) (o ot) view the body ofter death. Altending Med. Stoff Phys. X 23D. ADDRESS M.D. 1400 N. Caroline St., Ba	August 19 august 19 august 19 august 19 august 20, 1965 August 20, 1965
DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Nat Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on August 19 and hour and from the causes stated above. (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Govinda Rao,	While August 19 19 65 to 19 65 ond that in (my) (o ot) view the body ofter death. Altending Med. Stoff Phys. X 23D. ADDRESS M.D. 1400 N. Caroline St., Ba	August 19 ur) opinion deoth occurred on the do 238. DATE SIGNED August 20, 1965
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DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Not Not Not Not Not Not Not Not No	While August 19 19 65 to 19 65 ond that in (my) (o ot) view the body ofter death. Altending Med. Stoff Phys. X 23D. ADDRESS M.D. 1400 N. Caroline St., Ba	August 19 august 19 august 19 august 19 august 20, 1965 August 20, Maryland

NOT A MEDICAL EXAMINER'S CASE

CHIEF OR ASST. MEDICAL EXAMINER

death death eased n the Such	M.E. CASE NO.	ATE OF DEATH Registered No.	-
	THANIEL ROSE ROSA OU NO	rece 8-19-65	11.05
at h	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	institution: residence before odmiss
de d	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
Se;	THE JOHNS HOPKINS HOSPITAL	BALTIMORE	3
iot da	3 THE JUHNS HUPKINS HUSFITAL	D. STREET ADDRESS (If rurol, give locotion) 932 N. WASHINGTON	TDEET
de de de			
a de la	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DISORCED (specify) MARK ED	8. DATE OF BIRTH 9. AGE (In years lost births)	Months Doys Hours Mi
reg regs	FEMALE NEGRO MARRIED		12. CITIZEN OF
in det	done during most of working life, even if retired)	0/	WHAT COUNTRY?
de Charles	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(4) (4) the		MARY MINOR	
d; (c)	THOMAS KINEY 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
the dir kind; death nce on	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Herbert Fordow Thaniel	93 21. Washings
ed da da or f	18. 2 6 0 X I CAUSE	MIOCARDIAL INFARCTION	INTERVAL BETWEEN
So, so, of a contract of a con	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1/4/
Tanga Po	(This does not mean the made at dying, e.g., (A) DUE TO	HASCVD	
oro ar	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
fra	ANTECEDENT CAUSES (B)	DIABETES MELLITUS	
2 2 4 3 5 5	DISEASES OR CONDITIONS, if ony, giving		
9 6 @ _ <u>. E 8</u>	rise Ia the abave cause (A) stating the (C) UNDERLYING CONDITION last.		
cal cal cal icia icia as			
nedice edica ourns hysic n wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
me me ly bu ph)	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE	FINDINGS CONSIDERED
Bod Bod the the ysic e th	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
	OR CONTRIBUTION CALLES OF		re City, give exoct locotion)
be che	OR CONTRIBUTING CAUSE OF home, form, lactory, street DEATH (notify medical examiner)	, Julius stugg, itte on i secont	
Spi Spi	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
nat rept d (6		Vhile onk	
b x x z d	22. I certify that (I) (this hospital) ottended the deceased from	88×8×8× 8-19-659 to	8-19-65 19
0 0 0	that (I) (we) last saw the deceased dive an 8-19-65	19and that in(my) (aur) ap	
d to t of ital ath)	and hour and fram the causes stated above. (1) (We) (did) (did no		
usr be eased ident hospite deatl must	23A. SIGNATURE		23B, DATE SIGNED
o -		Attending Med. Stoff Phys. XX	8-20-65
1 a a c	23C. PHYSICIAN'S NAME (Type)	23D_ADDRESS	
A. at a prior t	TORREY C. BROWN M	THE COMMS HOLKING HOSE	ITAL
0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, lown, or county) (Stot
	Burial Aug 23 165 Mr. Calve	y Cemitery A. a. Count	ty and.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	L ADDRESS
the bod shows: was D.C decease	AUG 23 1965 PLEED & Tailrum A	1 1. 15/11	An 17 . 01



65 8702

BIRTH NO.65

8702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N

	BIRTH NO.
11-11	M.E. CASE NO.
00 4) 0	1. NAME OF DECEASED

. NAME OF DECEASED Type or Print)					
ואף סו רווווו	D = 44 3		2.	DATE AND HOUR PRONOUS	NCED DEAD
	Rafford	WILLIAMS	Do Marie	8-19-65	1 6:40 PN
PLACE IN BALTIMORE, MAR			4. USUAL RESIDEN A. STATE Maryland	CE(Where deceased lived. If i	nstitution: residence before odmissio OUNTY
FULL NAME OF (IF NOT INTO ADDRESS NITUTION	IN HOSPITAL OR INSTITU S OR LOCATION)	THON, GIVE STREET			write RURAL and give township)
LUTHERAN	HOSPITAL - DO	A	D. STREET ADDRES	S (If rurol, give locotion) Rosedale Street	
S. SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea	rs If Under 1 Yr, If Under 24 Hr
Male Colored	d WIDOWED, I	DIVORCED(specify)	Sept. 3,	1914 50	Months, Doys, Hours, Min.
OA. USUAL OCCUPATION (Give lone during most of working life, eve		BUSINESS OR INDUSTR	N. C.	ete or foreign country	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	
John Will	iams		Carri	e R. Davis	
5. WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
5. WAS DECEASED EVER IN U. Yes, no or unknown) (If yes, give WW11	war or gotes of service	SECORITI NO.	Sarah W	illiam 1023	Resedale St.
11B.		CAUSI	E OF DEATH		ONSET AND DEATH
DISEASES OR CONDITI	IONS, IF ANY, GIVING	DUE TO			
UNDERLYING CONDITI	ONDITIONS CONTRIBUTION				
UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT	ENDITIONS CONTRIBUTING NOT RELATED TO T				
UNDERLYING CONDITION II OTHER SIGNIFICANT CO TO THE DEATH BUT	ONDITIONS CONTRIBUTING NOT RELATED TO TO	HE		**	AUSES OF DEATH?
UNDERLYING CONDITION OTHER SIGNIFICANT CONTINUED IN THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION	ONDITIONS CONTRIBUTING NOT RELATED TO TO CAUSING IT. 198. CONDITION FOR WAS PERFORMED AS 218.	WHICH OPERATION	Yes	IN CERTIFYING CA	AUSES OF DEATH?
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UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A, EXTERNAL CAUSE WA UTING CAUSE OF DEATH UTING CAUSE OF DEATH UTING CAUSE OF DEATH OF INJURY (APPROX.) 22. I certify that I he resulted from: N ACTUAL SIGNATURE EXAMINER'S NAME (Type)	DINDITIONS CONTRIBUTION TO THE ATED TO TO TO CAUSING IT. 198. CONDITION FOR WAS PERFORMED AS 218.	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, IE. INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Yes in or obout 21C. WH office bldg. NJURY C	IN CERTIFYING CAY ERE DID (If in Boltimore City, occur?) DID INJURY OCCUR? Hot on this bosis, death I Undetermined modical Examiner Dical	n my opinion DATE SIGNED 8-20-65
UNDERLYING CONDITION OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WA UTING CAUSE OF DEATH UTING CAUSE OF DEATH OF INJURY (APPROX.) 22. I certify that I he resulted from: N ACTUAL SIGNATURE EXAMINER'S NAME (Type)	DINDITIONS CONTRIBUTION TO THE ATED TO TO TO CAUSING IT. 198. CONDITION FOR WAS PERFORMED AS 218.	PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form, foctory) IE. INJURY OCCURRED NOT AT WORK Inspection Au Accident Suicio	Yes in or obout 21C. WH office bldg. NJURY C	IN CERTIFYING CAY ERE DID (If in Boltimore City, occur?) DID INJURY OCCUR? Hot on this bosis, death I Undetermined modical Examiner Dical	n my opinion DATE SIGNED

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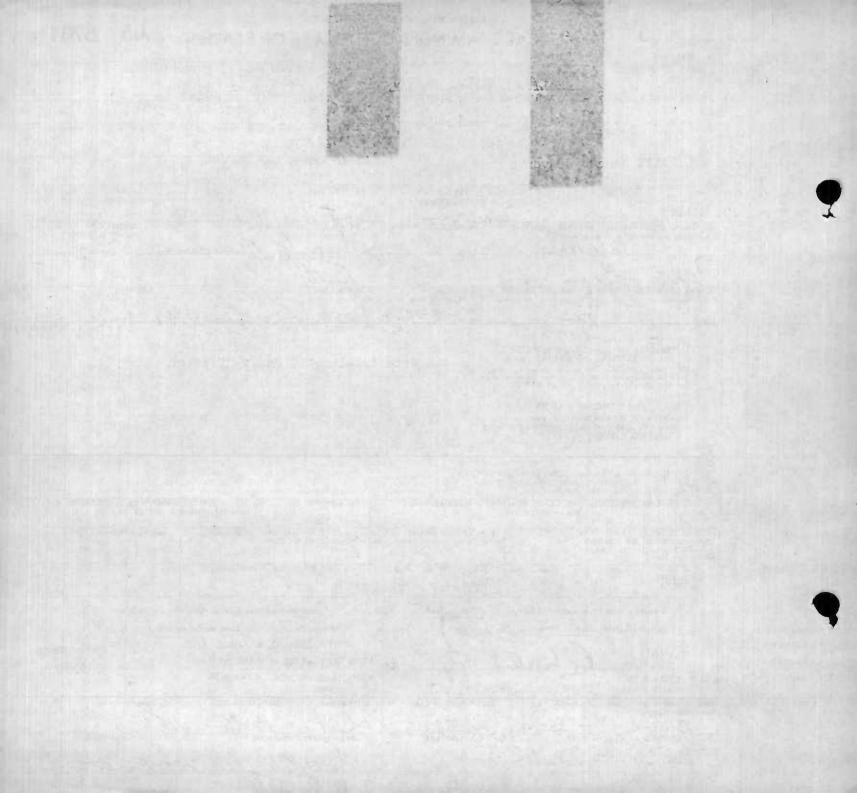
Carrie R. Davis

Sureh William 1023 Monedale Co.

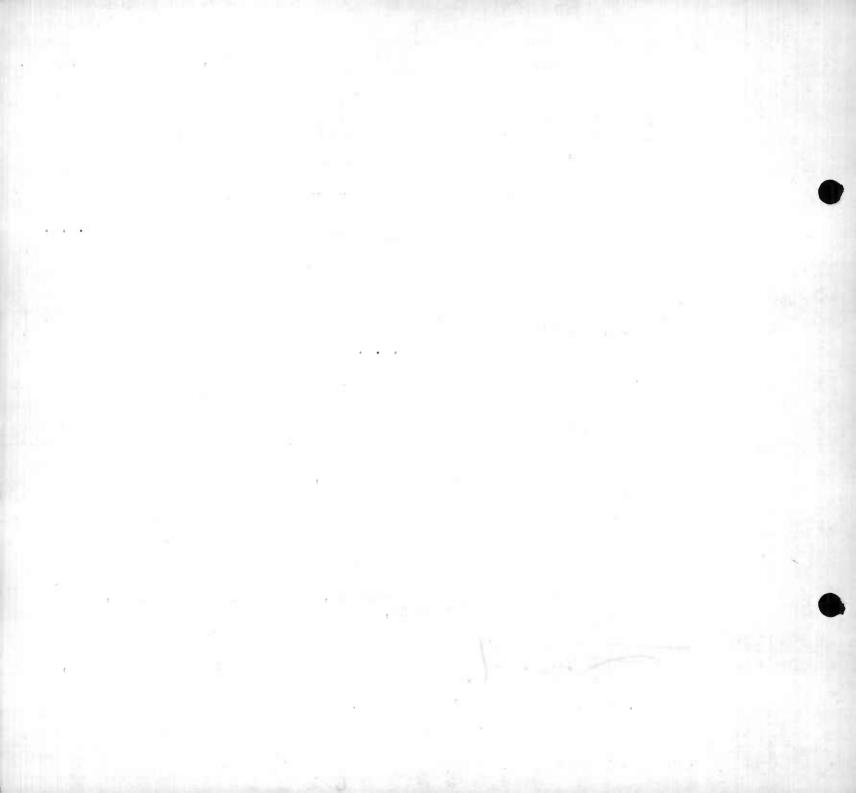
B/20/65 baltimore, MM. Cam. Enlithmore, Herritand

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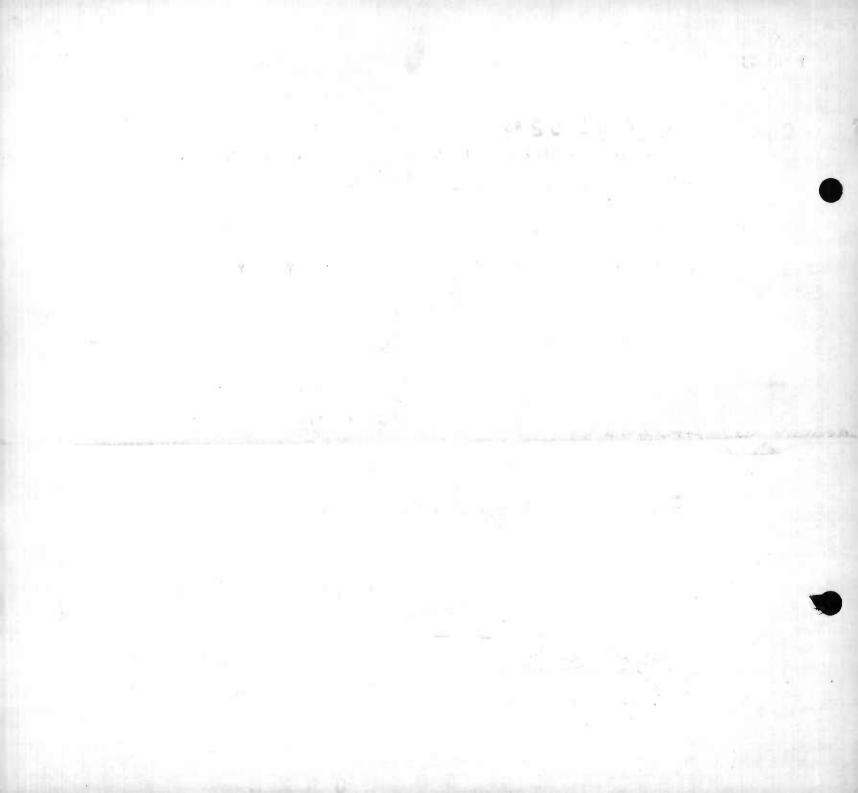
VS 151-REV. 1/1/65



	65 6	BALTIMORE CIT	Y HEALTH DEPARTMENT		GS OFICE
BIRTH NO.		CERTIFICA	ATE OF DEATH	Registered Na.	00 0700
M.E. CASE NO.	CEASED		2. DATE AN	ND HOUR OF DEATH	
Type or Print)	Sarah Jack	son	Augu	st 18, 1965	5 5:45 A
PLACE OF DE	ATH IN BALTIMORE, MARYLA		14. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before odmissio
			A, STATE B, COUN	ALL ALL	777
FULL NAME		stitution, give street	Maryland	10	00
MOITUTION	rovident Hospi	tal	C. CITY OR TOWN (If ou	itside city limits, write	RURAL and give township)
	514 Division S		Baltimore D. STREET ADDRESS (IF	rurol, give location)	
/	Baltimore, Mary				
. SEX		MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
		WIDOWED, DIVORCED (specily)		lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Female	Negro	Widowed KIND OF BUSINESS OR INDUSTR	3-10-1881	84	
	working life, even if retired)	KIND OF BUSINESS OK INDUSTR	II 11. BIRTHPLACE (Stote or fore	ngn country)	12. CITIZEN OF WHAT COUNTRY?
1ton	arlul o	Mr.e_	Maryland		U.S.A.
3. FATHER'S NA	ME	1	14. MOTHER'S MAIDEN NA	ME	, ===
1-0	/w a . 1	ACKS	Dage /	1/1	
5. Was Decease	d Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	A TAY	ADDRESS
	n) (II yes, give wor or dotes of		WI THI OKNITALLY		_ (
No		La SECTION			
18.3.3	1X 0/12 601	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRECT	TLY			ONSET AND DEATH
	LEADING TO DEATH	(A) C.V	.A.		
	not meon the mode of dyi , osthenio, etc. It meons the				
	mplication which coused dec	oth,)		Acres 145	
	ANTECEDENT CAUSES	(B) Cer	rebral arterios	clerosis	
DISEASES	OR CONDITIONS, if ony,				
rise la Il	he obove couse (A) slo				*************************************
UNDERLYIN	G CONDITION lost.			2	
Z OTHER SICK	II .				
VI OLLEK SIGL	DEATH BUT NOT RELATED	TO THE			
DISEASE OF	CONDITION CAUSING IT.	Diabetes II	ellitus, bed so		TIMPINGS CONSIDERS
19A. DATE O	F OPERATION 198. CONDITI	MED WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	USES OF DEATH?
		love state of the state of		414 t B 151	
OR CONTRIB	ENT WAS UNDERLTING DUTING CAUSE OF	home, form, loctory, street,	office bldg., INJURY OCCUR?	(It in Boltimore	e City, give exoct locotion)
U	y medical examiner)	etc.)			
21 D. TIME	(Month) (Doy) (Year) (H	lour 21E INJURT OCCURRED	21 F. HOW DID IN	JURT OCCUR?	
(APPROX.)		While At Not Will Al Work	nile		
					1 30
		tended the deceased from	_		
that (I) (we) last saw the deceased a	live on August 18,	19 65 ond th	not in (my) (aur) opl	nian death occurred an the de
and haur ar	nd from the causes stated	abave. (1) (We) (did) (did nat)	view the body after death.		
23A_SIGNAT	URE				23B. DATE SIGNED
1			ttending Med.	Stolf Phys.	August 18, 196
23C. PHYSICI		mej n	23D. ADDRESS	rnys, La	August 10, 190
NAME	Type)	` `			
	A. Rigaud	M.C	TOTA DIVISION		
24A. BURIAL CR REMOVAL	EMATION, 248, DATE	24C. NAME of CEMETERY or C	REMATORT 24D. L	LOCATION (Ci	ty, town, or county) (State)
13.	1 8.211	- mt all	aca Protes	7/4/1 mgs t	4
25A. DATE REC'I	D BY HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	RUSTON	ADDRESS
AUG 2	3 1965 P.O. A	E, Farley M. M.	E = 11/	1.	Us Pon Selly De
/E 160 B51/ 1/2		4 / 16 /10	2.0. NOV	can (0)	ocimany in
VS 150-REV. 1/1	703	10, 10, 10 St. C.	0 6	1	Y.



1 /-	3531		65 8706		HEALTH DEPARTMENT	F	5 8706
U	7007		TH NO.	CERTIFICA	TE OF DEATH	Registered Na.	0.700
	and date the the		E CASE NO. IAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
1	of death of death Deceased e on the		pe or Print) Odame Arthur		2/1	9/1.5	15:50P
	of the	3.	PLACE OF DEATH IN BALTIMORE MARTLAND		4. USUAL RESIDENCE (Whe	deceased fived. Il ins	titution: residence before admission)
	, .	Н			MARYLAND	1/	-1
	hos Jse (5) de		FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	street		laide eita limite auite 8	URAL ond give fownship)
	a hos cause se; (5) endanto de		NSTITUTION 7 21 52 RS	6	BALTIMORE	iside city minis, wille k	ONAL OILS GIVE TOWNSHIP!
	ng catte	1 2	77	100		iurol, give location)	
	T	1	THE JOHNS HOPKINS HOSPI	TAL	3005 W LAN	VALE ST.	
- 1	contributi contributi regular regular regular	5.	SEX 6. RACE 7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 His.
	occur intrib rmin egul ased ased		ALE POLORED WIDOWSON	CLE (specify)	-1-26-63	9. AGE (In years lost bithdoy)	Months Doys Hours Min.
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	102	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11, BIRTHPLACE (State or fore	gn country)	12, CITIZEN OF
		don	e during most of working life, even if retired)		A 1.6	1.1	WHAT COUNTRY?
	dea Und us i as i	12	FATHERS NAME	e	14. MOTHER'S MAIDEN NA	179	Was off
	rect (4) U was the spos	13.	PATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
5			EDWARD ODOMS		DOROTHY GR.	AY	
4	he di kind; death ce on		Was Deceased Ever in U. S. Armed Forces? 16. s.ng or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	- 1	ADDRESS
E	ssistant the dir r kind; l death nce on final di	V	V. O		hontown	1) dons	Dhne
IMPORTAN	any ced ndar		18.5-5-0,/1	CAUSE OF	DEATH	2 0(0)01	INTERVAL BETWEEN
9			DISEASE OR CONDITION DIRECTLY	- /		7	ONSET AND DEATH
≥			LEADING TO DEATH	(A) 940	am Her lest	cenia	10 hours
	miner or niner. A fracture o prono gular at		(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	DUE TO			
S.	caminer. A fractu who pro		injury or complication which caused death.)	P. D.	A. O O.	4 genton	A. 70-
7	min fra ho egu		ANTECEDENT CAUSES	DUE TO	Ester appendix	y genion	in large
Ö			DISEASES OR CONDITIONS, if ony, giving	Day	to and of	f	A .
DIRECTOR:	al ex (3) an in		rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(c) ccc	ed oggene	ella C. M.	Al-L
<u> </u>	medical medical burns; physicia an was		11				
-	medical edical burns; hysicic n was	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
A A	med buy phy an v	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
NER	chief a n Body the p ysicic e the	FE	194. DATE OF OPERATION 198. CONDITION FOR WHITE	CH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
5	- E 6	CERTIF	8/11/65 Quite asken	dialia	yes		
<u>u</u>	the (2) ere of	AL O	21 A. ACCIDENT WAS UNDERLYING 72 B. PLA OR CONTRIBUTING CAUSE OF home, I	orm, foctory, stieet, off	or obout 21 C. WHERE DID	(It in Boltimore	City, give exact location)
		10	DEATH (notify medical examiner) etc.)				
	d b	MEDI	OF INJURY	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	e hospita nature; cept who d (6) No	2	(APPROX.) While A	At Work			
	the ny exc		22. I certify that (I) (this hospital) attended the a	deceased from	2/11/65	19 to 8//8	7/65 19
	4 5 × 0		that (1) (we) last saw the deceased alive an	2/12/1			ian death accurred an the date
	0 8 5 7		and haur and fram the causes stated abave. (1) (V	-		or many, (00, 0pm	The second of the second
	sed to sed to sed to sed to sed to sed the cost but to sed the cost but to sed the cost but to sed t		23A. SIGNATURE	re) (did) (did har) Vi	iew the body after death.		23B. DATE SIGNED
	D D D		Sell Hit		nding Med.	Stoff	0/10/1-
	E - S - E - E		325 PHYSICIANS	Phys	Director 23D. ADDRESS	Phys.	8/19/63
			23C. PHYSICIAN'S NAME (Type)		HE JOHNS HOP	KINS HOSP	TAL
	certificate sody was rs: (1) An c D.O.A. at ased prior		H. R. GERTNER	M.D.			
	F 750 5 5	24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	of CEMETERY of CRE	A	OCATION (City	y, town, or county) (Stote)
	Ce Vs: Vs:	1	Juni46 8-51-65 (A)	ven Men.		Aurel,	140
	This certii the body shows: (1) was D.O deceased	25/	AUG 23 1965 Robert E, Land	EGISTRAR	25C. FUNERAL DIRECTOR	10-	ADDRESS
	では ない はん		AUG 23 1965 Robert E, Jan	TO THE STATE OF TH	C. O. 1	Nosan 1	000 Browly / pe.
		VS	150-REV. 1/1/65	5 11	0 9 0 0	1	Y

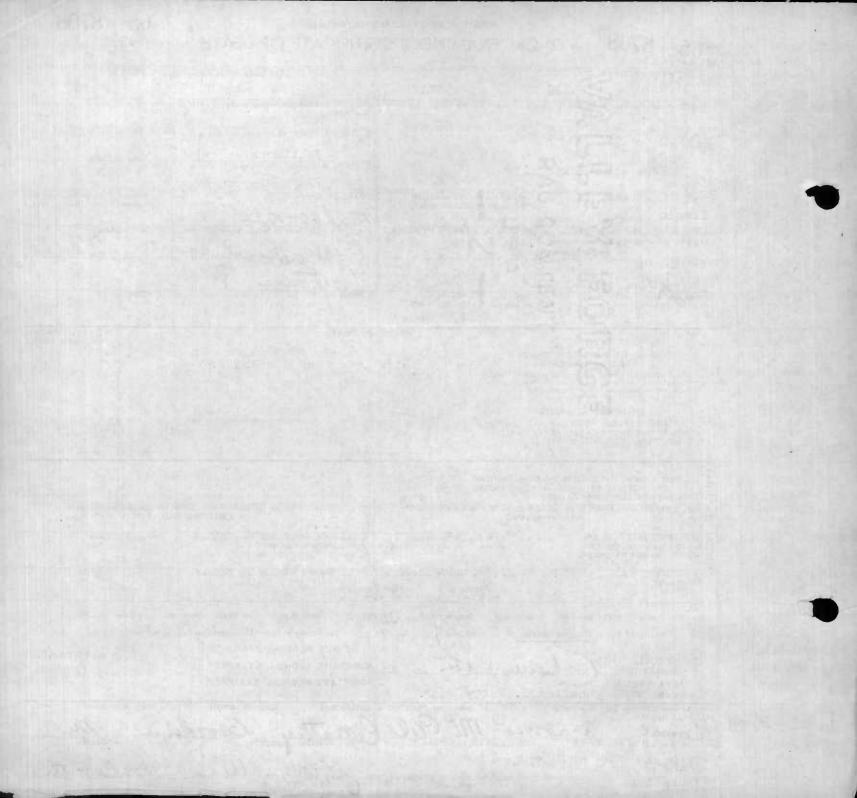


August 18

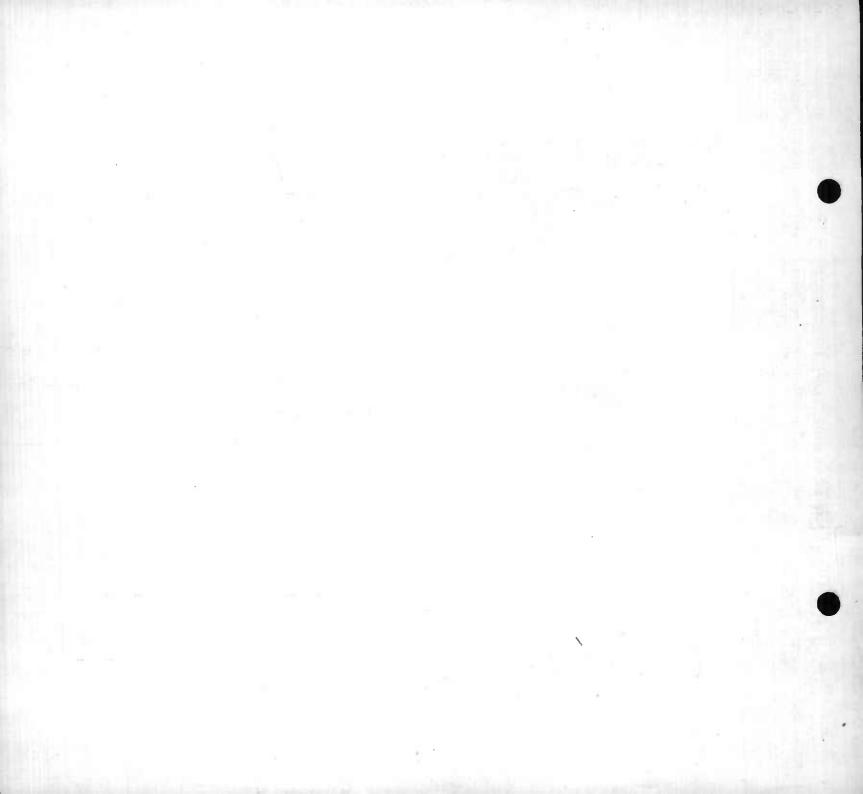
R-341

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registers	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH Registered No
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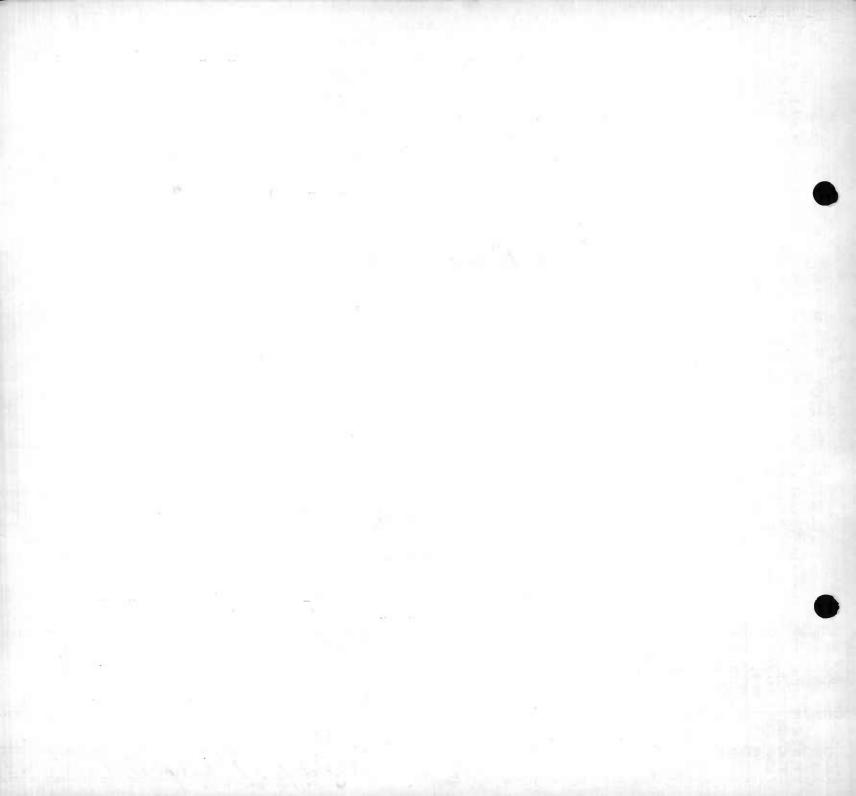
BIRTH, NO. 8	708 MEDICAL	EXAMINER'S CI	ERTIFICATE OF I	DEATH Register	ed No.
M.E. CASE NO.	CEASED		12 DATE AN	D HOUR PRONOUNCE	D DEAD
(Type or Print)	PEGGY	RATLIFF		ust 18, 1965	
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE PRO				ution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN (II outside		RURAL and give township)
			Baltimore D. STREET ADDRESS (II rurol,	the state of	U A
Pro	vident Hospital			gton Avenue	
5. sex Female		RIED, NEVER MARRIED ED, DIVORCED(specify)	Me. 19n-103	9. AGE (In years lost birthday)	Months Doys Hours Min.
	UPATION (Give kind of work 10 B. KIN working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
O PATHERYS NIAM	Housery		14. MOTHER'S MAIDEN NAM	well -	MAN.
13. FATHER'S NA	24.		14. MOTHER'S MAIDEN NAM	· 2	
	ED EVER IN U.S. ARMED FORCES		17. INFORMANT	•	ADDRESS
18.	160	CAUSE	OF DEATH		INTERVAL BETWEEN
0 0	709				ONSET AND DEATH
DISEA	LEADING TO DEATH	Fatty	Liver and Cirrh	neie	
heart foilure	not mean the mode ol dying, a, ostherio, etc. It means the dise amplication which caused death.)	e.g., DIJE TO	HIVEL GIRG OILLI		
	ANTEGON DENT CALLES				
DISEASES RISE TO TH	ANTECENDENT CAUSES OR CONDITIONS, IF ANY, GIVINE ABOVE CAUSE (A) STATING TO NO CONDITION LAST.				
N N		(C)			
O THE	II SNIFICANT CONDITIONS CONTRI DEATH BUT NOT RELATED				
DISEASE O	F OPERATION 198, CONDITION	FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No)	20B. IF YES WERE FIN	IDINGS CONSIDERED
DATE O	WAS PERFORMED		Yes	IN CERTIFYING CAUS	es of DEATH? Yes
UNDERLYING UTING CAL	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21B, PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore City, giv	e exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hous		21F. HOW DID INJ	URY OCCUR?	
22. I cer	rtify that I held on Inquiry			is bosis, deoth In m	y opinion
resu	Ited from: Notural causes 🗴	Accident D Suicid	e Homicide	Undetermined monne	er 🗌
MALCO EN	0/		CHIEF MEDICAL E	XAMINER	DATE SIGNED
ACTUA		I tell 40	ASSISTANT MEDICAL E	XAMINER X	
SIGNAT EXAMI NAME	NER'S		ASSOCIATE MEDICAL E		8/19/65
23A. BURIAL CR REMOVAL (Speci	EMATION, 23B. DATE	23C. NAME of CEMETERY	CREMATORY 23D. 1	OCATION (City,	town, or county) (Stotel
Burea 24A. DATE REC'E	S-23-1965 D BY HEALTH DEPT. 248, N.	AME OF REGISTRAR	COM ETCLES	Brookly	n Mil Address
AUG-2	3 1965 Robert E.	talker, M. M.	Colon (Willen	1000 Beautles
VS 151-REV. 1/1	/65	0 5 0 0 0	000/1		



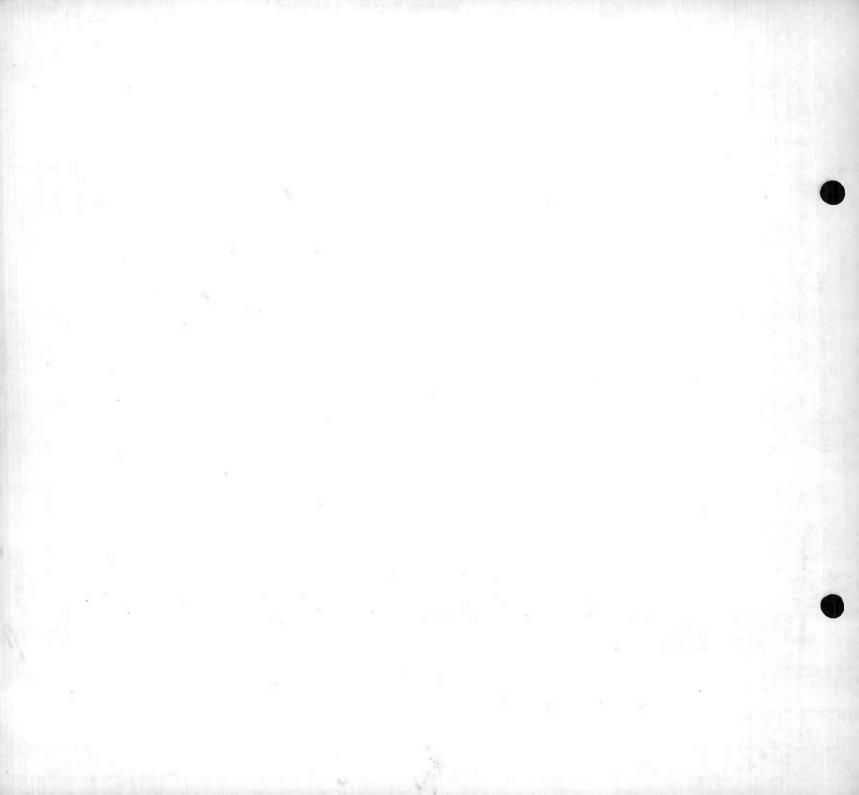
05 0500	Y HEALTH DEPARTMENT
M.E. CASE NO.	ATE OF DEATH Registered NG 5 8709
	2, DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	8-19-1965 9:05 Am. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address ar lacotion)	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If autside city limits, write RURAL and give township)
Baltimore City Hospitals	Baltimore 21229
4940 Eastern Avenue	D. STREET ADDRESS (If rural, give lacation)
Baltimore, Maryland 21224	3901 West Mulberry Street
Female Negro WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years lost birthday) 9. AGE (In years Manths Doys Hours Min.
done during most of working-life, even if retired)	WHAT COUNTRY?
	South Carolina USA
	14. MOTHER'S MAIDEN NAME
Willip. James	MANY Belle WEAVER ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT
No	RECORDS:BCH:4940 Eastern Avenue 21224
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., DUE TO	diac arrythmia Moment of death
to the second of	ebral anoxia Since 3-1-1965
ANTECEDENT CALISES (B)	epiar anoxia prince 3-1-1907
	diac arrest
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	
WAS PERFORMED	20A, AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes
OR CONTRIBUTING CAUSE OF DEATH. (natify medical examiner) 21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or obout 21C. WHERE DID (If in Baltimore City, give exact lacation) office bldg., INJURY OCCUR?
OF INJURY (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not Whi	
22. I certify that (I) (this hospital) attended the deceased from	2-24- 19 6510 8-19- 19 65,
that (I) (we) last saw the deceased alive on 8-19-	19 65 and that in(my) (our) opinion death occurred on the date
and hour and from the couses stated obave. (1) (We) (did) (did not)	view the body after deoth.
23A. SIGNATURE	23B. DATE SIGNED
Flored June Ph	
23C. PHYSICIAN'S NAME (Type) Dr. Leonard Quadracci M.D.	BCH: 4940 Eastern Avenue 21224
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CE	REMATORY 24D. LOCATION (City, town, or caunty) (State)
BUHAL 8-24-65 MT. Aubi	ira cam. Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65	(C.O. Wilson 1000 Brantley fore.
	BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED (Type or Print) Beatrice Brown 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give sheet dedies's or locofien) FULL NAME OF dedies's or locofien) Baltimore, Maryland 21224 Baltimore, Maryland 21224 S. SEK S. BACE Female Negro 10A. USUAL OCCUPATION (Give kind of workholds. KIND OF BUSINESS OR INDUSTRY widowed, Divoracid (specify) Married 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Ammed Forces? (Yes, no or unknown) (If yes, give wer or deles of service) 16. SOCIAL SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, ostherio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il only, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISAASE OR CONDITION (SI) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISAASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED DISAASE OR CONDITION CAUSING IT. DISAASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED DISAASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED DISAASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED DISAASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED DISAASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED DISAASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED DISAASE OR CONDITION CONDITION FOR WHICH OPERATION WAS PERFORMED DISAASE OR CONDITION CONDITION F



2	M-6 0065 8710		HEALTH DEPARTMENT	Registered Na. 65	8710	
M.	E. CASE NO. NAME OF DECEASED		TE OF DEATH	ND HOUR OF DEATH	10:20	TP G
	Margaret Moor	е				M.
	FULL NAME OF (If not in hospital or institution, give hOSPITAL OR oddress or location)		A. STATE B. COU Maryland	NTY	6-01	ssion)
121	Baltimore City Hosp 4940 Eastern Avenue		Baltimore D. STREET ADDRESS (III	rural, give location)		
	Baltimore, Maryland	21224	1103 West T.	anvale Stree	t 21217	,
,	SEX 6. RACE 7. MARRIED, NE	EVER MARRIED DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr., II Under 24	His.
	Female Negro	SIVORCED (Specify)	5-20-1906	59		
	A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BU ne during most of working life, even if retired)	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign cauntry)	2. CITIZEN OF WHAT COUNTRY?	
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA			
	John 13 ra	nnon		Ida		
15. (Y.	Was Deceased Ever in U. S. Armed Forces? (s,no or unknown){(II yes, give wor or doles of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
1,16	Same of outside with Ass. Aire wet of coles of services		Records: BCH-	4940 Eastern	Avenue 2	1224
-	18. / 7.5. 0	CAUSE OI		1710 Labour	INTERVAL BETWEEN	1
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH	1
	LEADING TO DEATH	(A) Car	cinoma Ovary	Y	l year	
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. II means the disease,	DOE 10				
	injury at camplication which caused death.) ANTECEDENT CAUSES	(B)		######################################	***************************************	
	DISEASES OR CONDITIONS, if any, giving	DUE TO				
	rise la lhe obave cause (A) stating the UNDERLYING CONDITION last.	(C)				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	Yes	O) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE Yes	DINGS CONSIDERED S OF DEATH?	
CALCE	OR CONTRIBUTING CALLER OF	ACE OF INJURY (e.g., in lorm, loctory, street, of	or obout 21C. WHERE DID	(II in Bollimore Ci	ty, give exoct location)	
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	IJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
2	(APPROX.) While Work	Al Not While	•			
	22. I certify that (I) (this hospital) attended the			19 65 to 8	8-16- 19 6	55.
	that (I) (we) lost sow the deceased alive on		196.5ond t	-		
1	and hour and from the couses stated above. (1) (1					
	23A. SIGNATURE	A		23	B. DATE SIGNED	
	Xlow 1. Mall	Key M.D. Atte	ending Med. Director	Stolf Phys.	8-16-1965	
	23C. PHTSICIAN'S NAME (Type)		23 D. ADDRESS			
1	DR. KEVIN J. McCART	LNA W.D.	+940 Eastern	Avenue, Balt:	imore, Maryla	and
24		F of CEMETERY OF CRE	MATORY 24D.	LOCATION (City,	town, or county) (St	otel
	Burial 8/20/65 Care	uer mes	u. Th. 7	aurel	m	d.
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF	REGISTRAR	256 FUNERAL DIRECTO	R 111.11-1	ADDRESS	
122	HOU ED 1000 OPENED -4 -1	500	Milliongton	Defullife.	112111, 110W	ast
VS	150-REV. 1/1/65	,	100//000			



BALTIMORE CI	TY HEALTH DEPARTMENT
M.E. CASE NO.	ATE OF DEATH Registered No. 65 8711
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	M. USUAL RESIDENCE (Where deceased lived If tinetitutions residence before admission)
	I.A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, gree street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If gutside city limits, wirte RURAL and give township)
Lutheran Hospital	Baltimore
Launeran wosp. 121	D. STREET ADDRESS (If rural, give location)
	750 - Poplar Evere St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs. Months: Days Hours Min.
remore pregnoe married	11/17/21 43
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	WHAT COUNTRY?
Watuss	Virginia
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Jackson	Susil Mahrly
15. Was Deceased Ever in U. S. Amned Forces? (Yes, no or unknows) (II yes, give war of dates at service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Un Known 155-03-019	Clarens, young same
18. 330 X I CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode at dying, e.g., DUE TO	Inharachneid Hemorrhage Ce hours
hand leiture authoris at all manne the disease	
injury or complication which caused death.) ANTECEDENT CAUSES (B)	bable Ruptures Aneuroin
DISEASES OR CONDITIONS, il any, giving	bable Ruptures Aneurgin
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	100
	., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
While At Not W	hile
Work At Wo	
22. I certify that (1) (this haspital) attended the deceased from	August 12, 19 46 10 August 19, 19 65.
	7, 19 6 and that in (my) (aur) opinion death occurred on the date
ond hour ond from the causes stoted obove. (1) ((We) (did) (did not)	
Za. SIGNATURE Robert C. Blackman M.D. A	Attending Med. Director Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ROBERT BLACKMAN M.C	D.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	CREMATORY 24D. LOCATION (City, town, or county) 1519(4)
Burial 8/21/65 Usbutus 12.	Men. It. Baltimare Mb.
AUG 23 1965 (P. C. & C. Fa D. Fan C.	Walled city of I have in 1700 W
VS 150-REV. 1/1/65	Industration of weeks 119111 Money

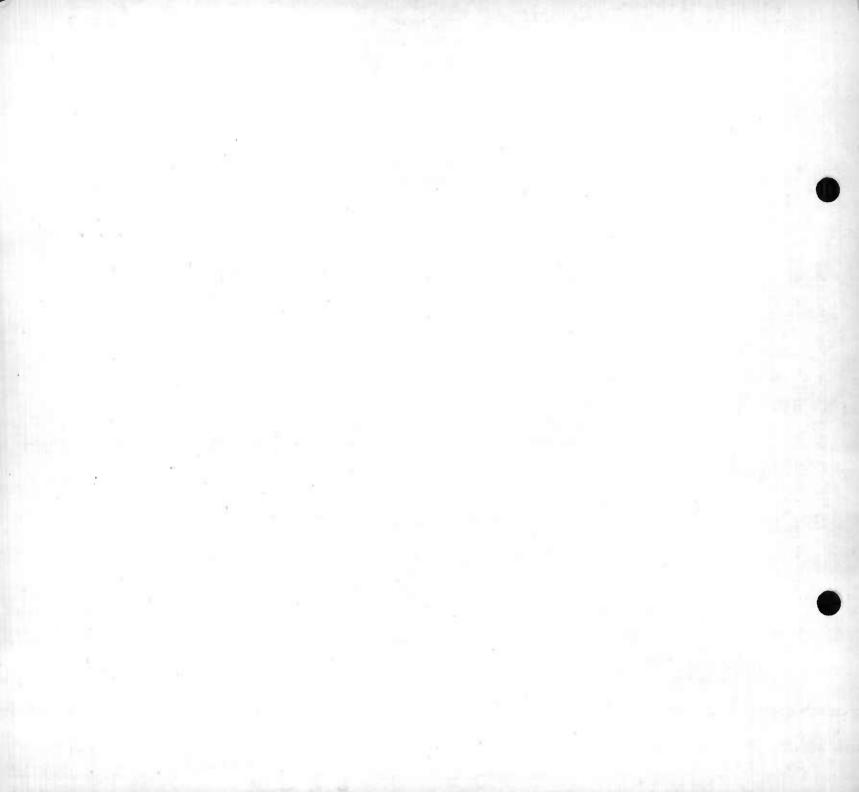


IMPORTANT

DIRECTOR:

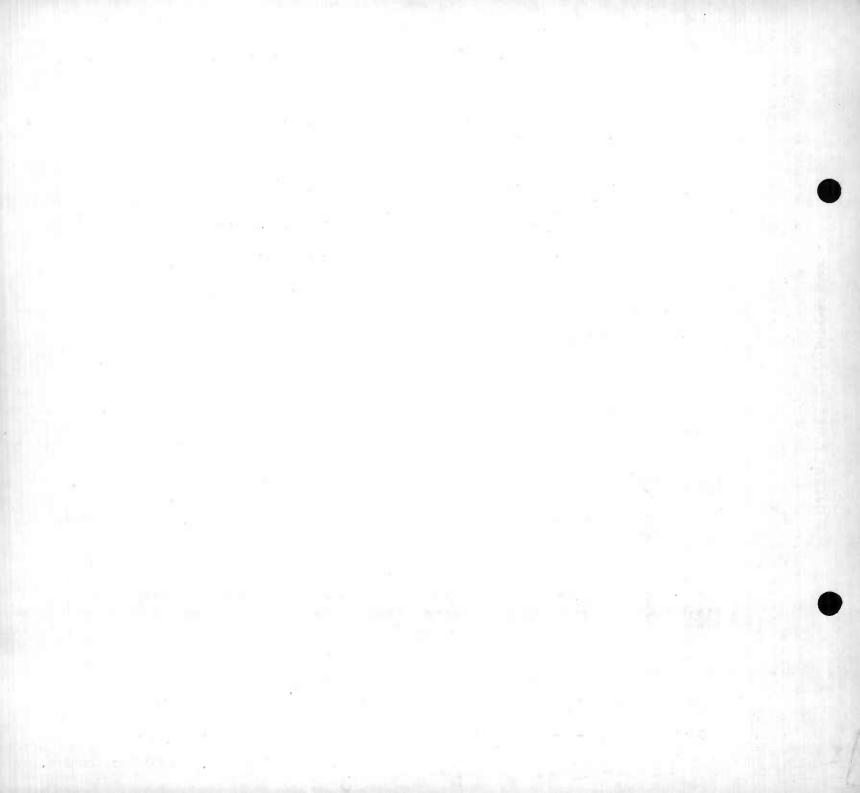
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VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

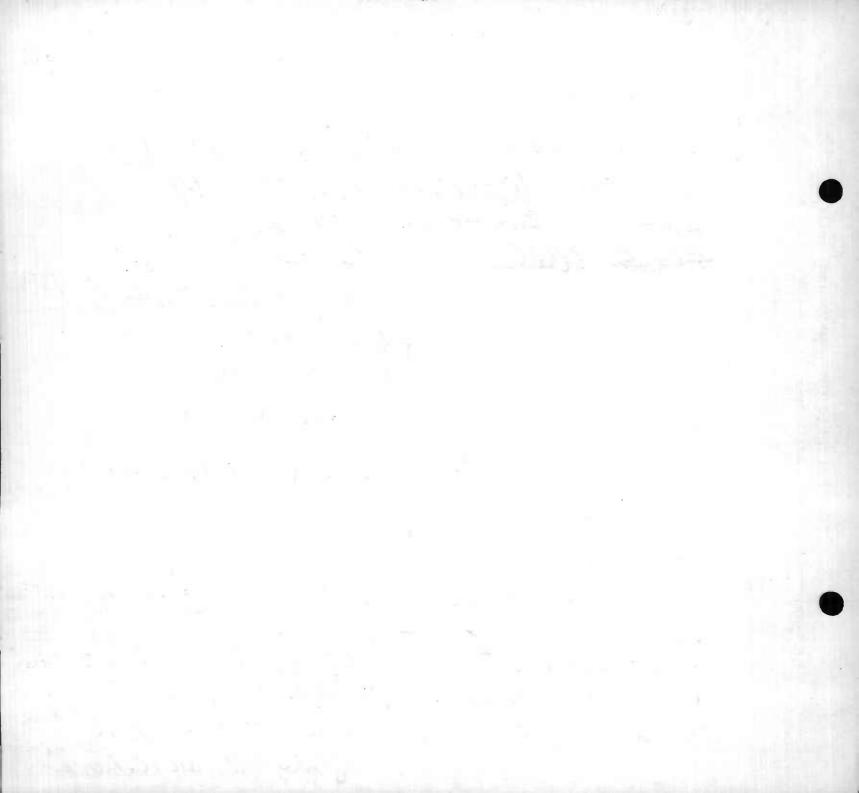
I.NA	CASE NO.	HEN	RY G.	RINEKER		2. DATE A	st 21, 1965	6.00
FL	JLL NAME C DSPITAL DR	OF (If not in hospitol oddress or locolic	or institution, n)	givo stroot	C. CITY OR TO BE	wn (16 o	NTY 	o RURAL ond give fownship)
5. SE	x ale	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIR	тн	9. AGE (In years lost birthdoy) 83	If Under 1 Yr. II Under 24 I Months Doys Hours Min
10A. U	USUAL OCC	UPATION (Give kind of working life, even if retired)		F BUSINESS OR INDUSTRY	,	(State or for	oign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHERS NA	Henry Rin	eker		14. MOTHER'S Anna	MAIDEN NA 2 Depki		
Yes,		Ever in U. S. Armed Fo		SECURITY NO.	17. INFORMANT George		er 2004 E	Bank Street
	heart failure, injury or con	nol meon the mode of osthenio, etc. It meons on policolion which coused ANTECEDENT CAUSES	the discosed death.)	DUE TO CL	triosel	nyon	- generalis	2 days
ATION	DISEASES (rise 10 Ih UNDERLYIN DTHER SIGN TO THE D DISEASE DR	osthenio, etc. II meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. IFICANT CONDITIONS (III) IFICANT CONDITION CAUSING	the discosed death.) ony, giving stoling the stoling the stoleng the stoleng the stoleng to the stoleng the stoleng the stoleng the stolength sto	16 (C) One	LE 12.76 MARA	·	generaliz	aug 1 - 10 '65
ERTIFICATION	DISEASES (irise 10 Ih UNDERLYIN) DTHER SIGN TO THE D DISEASE DR 19A-DATE OF	osthenio, etc. II meons application which causes ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving stoling the CONTRIBUTIN ATED TD T IT.	G (C) One	20A. AUTOPS	sy? (Yes or N	(o) 20B. IF YES, WER	Cuy 1 - 10 63
AL CERTIFICATION	DISEASES (isse to the UnderLythic Disease of the	osthenio, etc. II meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CON	ony, giving stoling the CONTRIBUTINATED TO T IT. DITTON FOR MED	NG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in mo, form, foctory, street, of	20A. AUTOPS	SY? (Yes of N	(o) 20B. IF YES, WER	Cuy 1 - 10 6
MEDICAL CERTIFICATION	DISEASES (isse to the UnderLythic Disease of the	osthenio, etc. II meons in plicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. IFICANT CONDITIONS (IEATH BUT NOT RELL CONDITION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING UTING CAUSE OF	ony, giving stoting the CONTRIBUTINATED TO T IT. HOTTON FORMED (Hour) 21 W	NG HE WHICH OPERATION B. PLACE OF INJURY (e.g., in mo, form, foctory, street, of	20A. AUTOPS n or obout 21C. W	YY? (Yes or N	(o) 20B. IF YES, WER	Cucy 1 - 10 6
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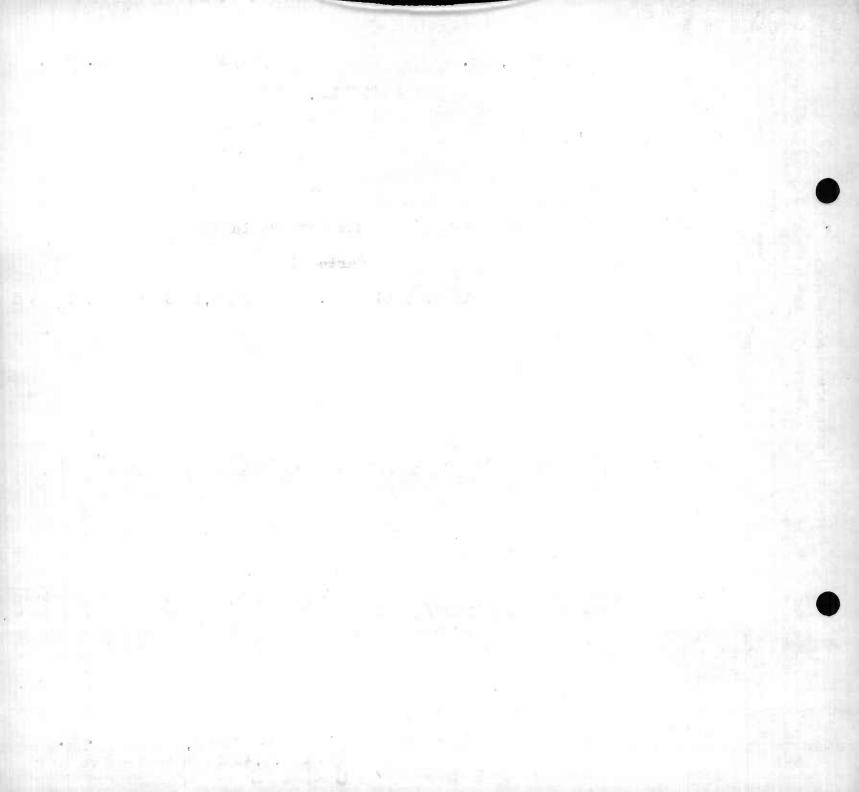
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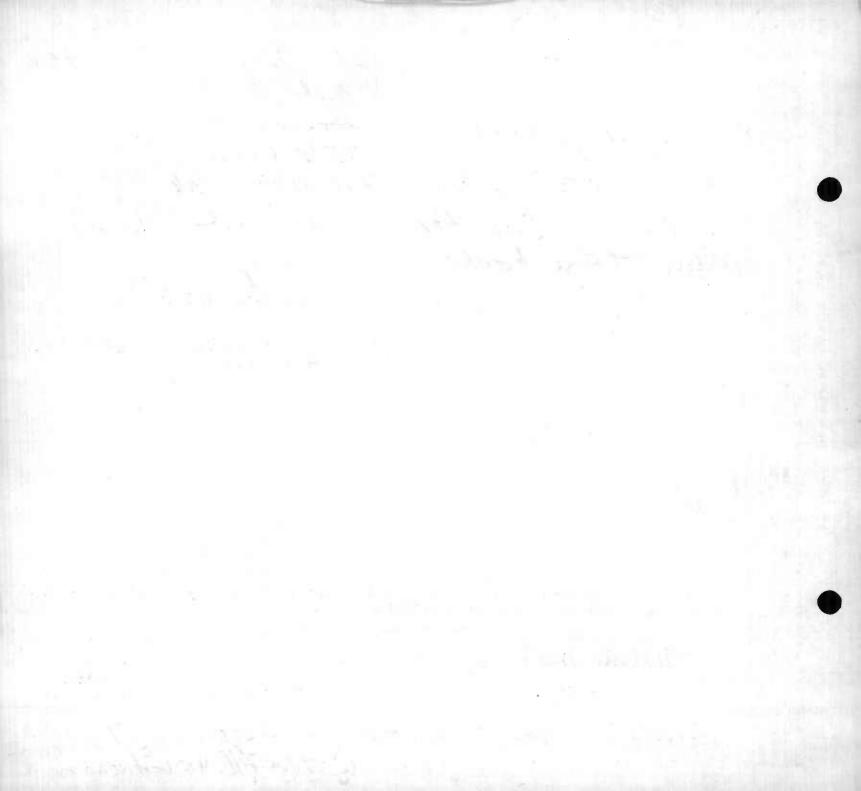
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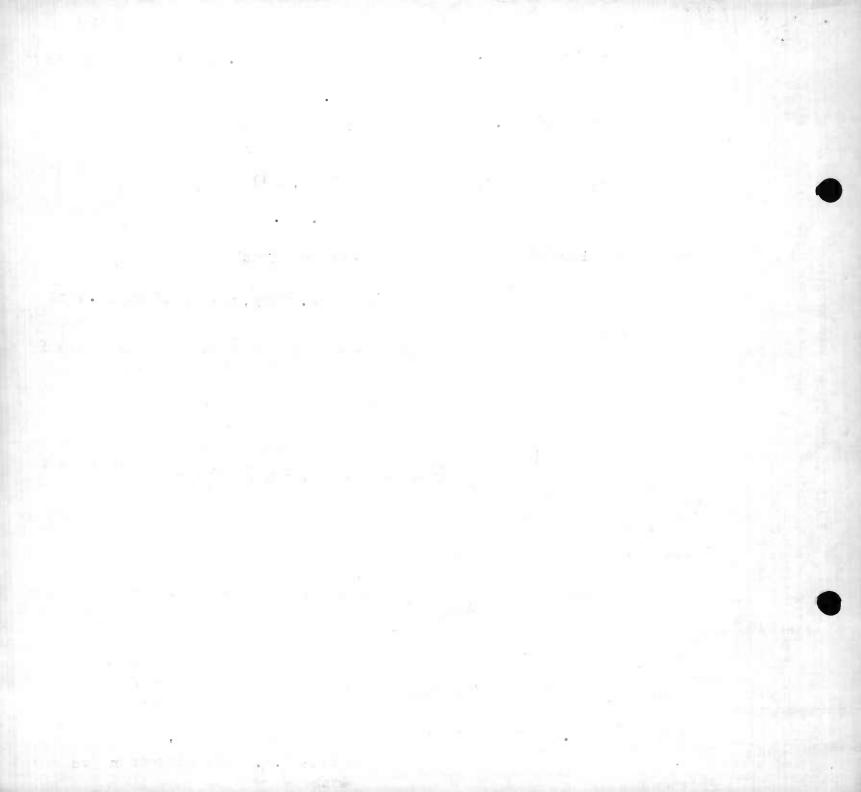
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BALTIMORE CITY HEALTH DEPARTMENT

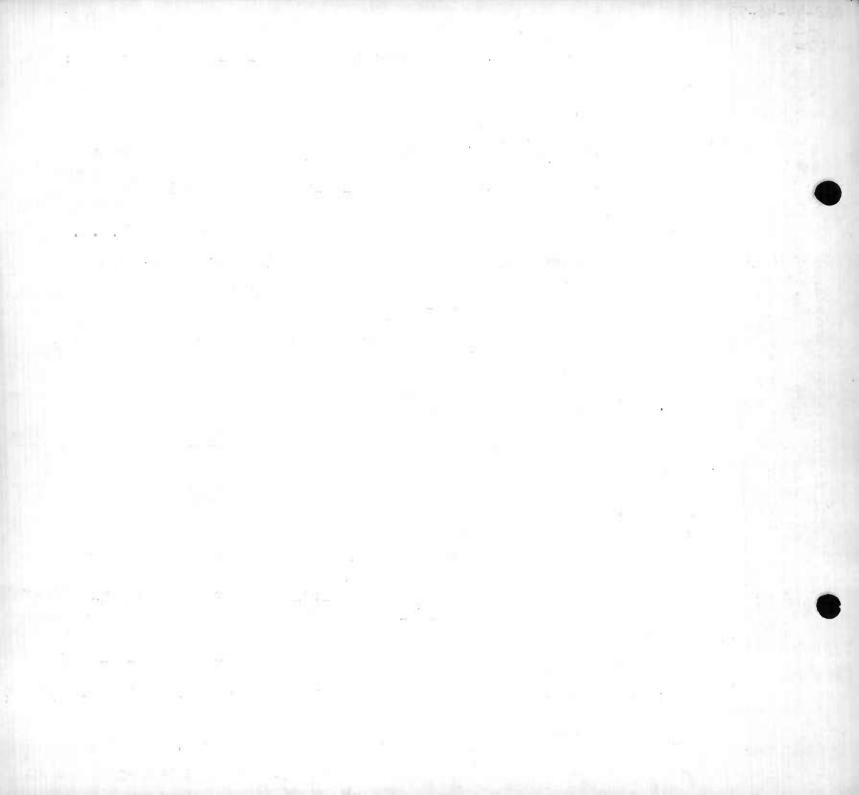
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1. 11	AME OF DEC	Antoine	tte E	Riley		2. DATE AND HOUR OF DEAT	
F	FULL NAME (OF (If not in hospito oddress or locoti	ol or institution,	give street	Md • c. city or to Balt	DENCE (Where deceased lived, If B. COUNTY WN (If outside city limits, writh the county limits)	institution; residence before adm
(-	emale	6. RACE White	Warke	NEVER MARRIED	April	7, 1900 9. AGE (In yeors ost birthday) 65	If Under 1 Yr. If Under 2 Months Doys Hours
		CUPATION (Give kind of wo I working life, even if retired		BUSINESS OR INDUSTRY	Balto.		12. CITIZEN OF WHAT COUNTRY?
	ate Jo	me seph Giera	1d		late A	nn Kruzla	
		d Ever in U. S. Armed F		1 6. SOCIAL SECURITY NO.	James J	.Riley,802 Sta	ADDRESS 29 mford Rd.zone
	heort failure, injury ar car	nat mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE	of dying, e.g., ns the disease, ed death.)	(B)	Terrio S teart	Disease	5 years
	rise to th	OR CONDITIONS, if ne obave cause (A		DUE TO			
ATION	OTHER SIGN		CONTRIBUTING	(C)	BLAD	THIASIS) DER DISEASE	Byears
CERTIFICATION	OTHER SIGN TO THE CONSEASE OR	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTION LATED TO THE IT. NOTION FOR VERFORMED	G (C)	BLAD	Y? (Yes or No) 20B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ICAL CERTIFIC	OTHER SIGN TO THE COUNTY OTHER SIGN TO THE COUNTY TO THE C	ne obave cause (A IG CONDITION last. III IIIICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING FOPERATION 19B. CO	CONTRIBUTION LATED TO TH IT. PODITION FOR V RFORMED 21B, horn etc.	GE GALL WHICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, o e.) INJURY OCCURRED ile At Not Whil	DLADI 20A. AUTOPS n or obout 21C. W ffice bldg INJURY	Y? (Yes or No) 20B. IF YES, WEF	RE FINDINGS CONSIDERED
MEDICAL CERTIFIC	rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIB DEATH (notify (APPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (Necessity (Necessity (I) (Necess	INTERPOLATION (ASSET IN THE PROCESS OF THE PROCESS	CONTRIBUTING LATED TO THE IT. NOTION FOR SEFORMED 21B. hometc. i) (Hour) 21E. Wh. Wo. at) attended to seed alive an	GE GALL WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, one) INJURY OCCURRED ile A1 Not While At Work he deceased from Management of the company of	BLADI 20A. AUTOPS n or obout 21C. W ffice bldg. INJURY 21F. Ho	TER DISEASE Y? (Yes or No) 20B. IF YES, WEF IN CERTIFYING (HERE DID OCCUR? OW DID INJURY OCCUR? 1964 to Que and that In(my) (Dor) of fter death.	RE FINDINGS CONSIDERED CAUSES OF DEATH? There City, give exact location) 19.6 23.B. DATE SIGNED
MEDICAL CERTIFIC	other sign to the UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19A. DATE OF CONTRIB DEATH (notify (APPROX.) 22. I certify that (I) (we and have and h	INTERPOLATION (AND INC.) INTERPOLATION (AUSING CONDITIONS CONDITIONS CAUSING FOPERATION (198. COWAS PER CONDITION) ENT WAS UNDERLYING (WAS PER CONDITION) (Month) (Doy) (Yeo) Interpolation (Month) (Doy) (Yeo) Interpolation (Month) (Month) (Doy) (Yeo) Interpolation (Month)	CONTRIBUTION. LATED TO THE IT. INDITION FOR VERFORMED 21B horn etc. i) (Hour) 21E. Wh wo attended to see alive an ated above. (I	G GALL WHICH OPERATION PLACE OF INJURY (e.g., integration of the property of	BLADI 20A. AUTOPS n or obout 21C. W ffice bldg INJURY 21F. Ho 14 19 55 when the bady a ending 23D. ADDRESS 5000 B	DER DISEASE Y? (Yes or No) 20B. IF YES, WEF IN CERTIFYING (HERE DID OCCUR? OW DID INJURY OCCUR? 1964 ta Classical and that In(my) (1000) conditions (1000) condits (1000) conditions (1000) conditions (1000) conditions (1000) c	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exoct locotion) The principle of the control of the



Deceased	81 R	TH NO.	65	8720	CERTIFICA			Registered No.	8720
300	1.1	CASE NO.		pholas	Henry Faulst		2. DATE AN	-21-1965	4:00 A
	3.	PLACE OF DEA	TH IN BALTIMORE,		Henry raurst.				stitution: residence before admission
		FULL NAME OF		pital ar institutio	on, give street	Mary:	land		RURAL ond give township)
	- 1	NSTITUTION	Baltimore	City	Hospitals		imore	side city minus, wine	NOTICE ONLY GIVE TOWNSHIPS
0 0	1/]	4940 East	tern Av	renue	D. STREET A	DDRESS (If	rural, give lacotian)	
			Baltimore	,Maryl	and 21224	1	Nuth Av	venue	21206
		ale	White	Mar	ed, NEVER MARRIED WED, DIYORCED (specify) Pried	_	-1889	9. AGE (In years last birthday) 76	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
			PATION (Give kind at arking life, even if reti		OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		Baker		,		Mary	land		U.S.A.
	13.	FATHER'S NAM				14. MOTHER	S MAIDEN NAM		
			Hen	ry Fa	ulstich		Ca	therine El	
	15. (Ye	Was Deceased s, na ar unknawn)	Ever in U. S. Armer (II yes, give war ar	d Farces? dates of servic	16. SOCIAL SECURITY NO. 215-05-9029	Recor		4940 Easte	ern Avenue 2122
	-	18.163	X			F DEATH	1-4-1		INTERVAL BETWEEN
			E OR CONDITION		Com	ainoma	of Lun		Months
			LEADING TO DEA		(A)	CInoma	or run	5	MOHUIS
		heart failure,	osthenio, etc. It m	eons the disec					
	1		olicotion which co		(8)			2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	1		R CONDITIONS,		DUE TO				1-7-13-30
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		SHEEKLING		•					
	ATION	TO THE DE	II FICANT CONDITION EATH BUT NOT CONDITION CAUSI	RELATED TO	TING THE				March 1
	CERTIFICA		OPERATION 198.		OR WHICH OPERATION	20A. AUT	OPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	CAL CE		T WAS UNDERLYING CAUSE OF	1G 🗌	21B. PLACE OF INJURY (e.g., home, farm, factory, street, cetc.)	in ar about 21 C	WHERE DID	(If in Saltimore	e City, give exact lacotion)
	MEDIC	21 D. TIME OF INJURY	(Month) (Day) (1	fear) (Haur)	21E INJURY OCCURRED		. HOW DID INJ	URY OCCUR?	
	2	(APPROX.)			While At Nat Whi	le 🗌			
		22. 1 certify	that (1) (this has	pital) attende	ed the deceased fram		16-	19 65 10	8-21- 19 65
	1		last saw the dec				5 and th	at in(my) (aur) api	nian death accurred on the da
					a. (1) (We) (did) (did nat)				
	1	23 SIGNATU			, , , , , , , , , , , , , , , , , , , ,		,		23B, DATE SIGNED
		Ano	nh ()	3	M.D. Att	ending	Med. Director	Stall Phys.	8-21-1965
		Josep.	(pe)	erman	M.D.	23 D. ADDRESS	S		altimore, Maryla
	24	A. BURIAL CREA	AATION, 248. DAT	E 240	NAME of CEMETERY OF CE	EMATORY	24D. L	OCATION (C	ity, tawn, ar caunty) (Stote)
	1	REMOVAL (S	0/24	165 1	Holy Redeemen C	motor	7	0.744	
	25	A. DAYE REC'D	BY HEALTH DEPT.	258. NAA	Holy Redeemer Co	25C. FUN	VERAL DIRECTOR	paltimore, h	laryland ADDRESS
		AUG 2	3 1965 R	but E.	Jankeymill			ick Inc 530	5 Harford Road #14
	VS.	150-REV, 1/1/6		1 2	000		2 3 6	ALL JU	,



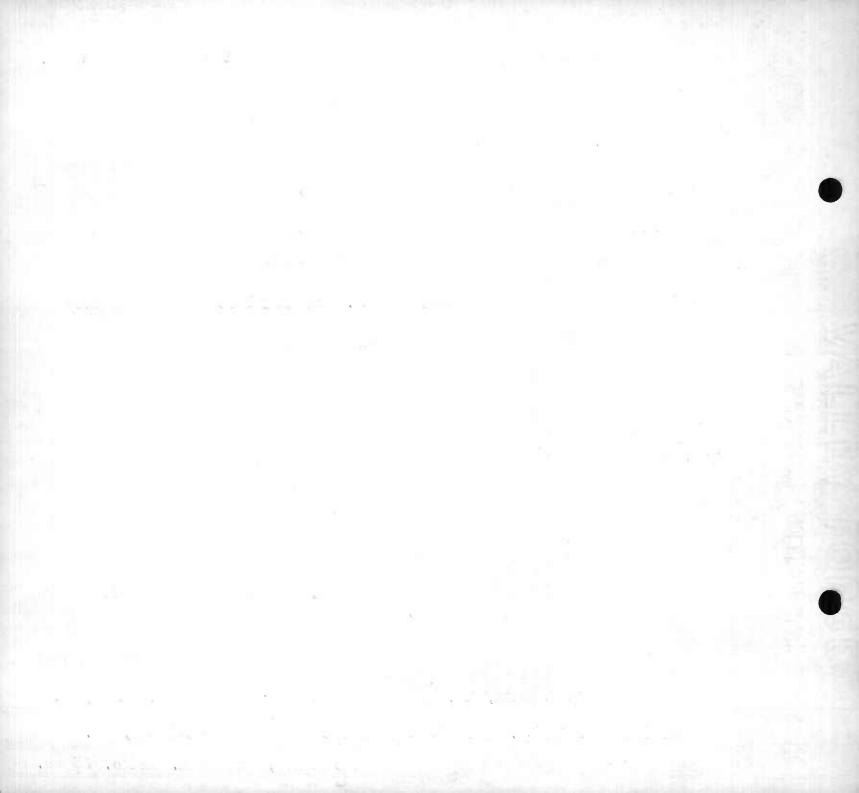
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-	E. CASE NO.										
ίŤγ	NAME OF DEC pe or Print)				77737	0 0-		HOUR PRONOUNCE	ED DEAD	11.02	D
		GEORGI		L.	KIN			t 21, 1965		11:02	M.
3. 1	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		A. STATE	SIDENCE (Where d	eceosed lived. If insti B. COU	itution: resid	dence belore o	dmis sion
FU	LL NAME OF	UF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE S	TREET		aryland	corporate limits, write	DIIDAL	ad aire tarras	hin)
HC INS	SPITAL OR	ADDRESS OR LOCA	(TION)					corporote limits, write	KOKAL OF	na give towns	лірі
13							altimore	0		00	
6	Si	nai Hospital					ODRESS (If rurol, g		,		
			1				637 Waverl			* ** ** **	
5. 5	EX	6. RACE		DIYORCED (spe		B. DATE OF B	RIH	9. AGE (In years lost birthdoy)		1 Yr. If Unde Doys Hours	
]	Male	White		Marrie	d	Jan. 1	8, 1922	43			
		JPATION (Give kind of work working life; even if retired)	TOB. KIND O	F BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (Stote or foreign	country)	12. CITIZI WHA	EN OF	300
	Rate (lerk	David	ion (he	m. (o		Marylan	d		USA	
13.	FATHER'S NAN	(1/.	C		14. MOTHER'S	MAIDEN NAME	1/ .1	_	1	
		yeorge L.	King	Ir.				Kathrya	yors	uch	
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY	NO.	17. INFORMAN	IT	Kathryn Ley King 12	ADDRESS	+0/10	Dn
	Yes	WW7	3 01 32111007	213-11	-2588	Mrs.	M. Shind	ou King	Bolt	2. 7.	Md.
-	1B.	0.004		FIJIT	CAUSE	OF DEATH	5.1555	cy i ve cy	25000	INTERVAL BI	ETWEEN
	25	X 5:71								ONSET AND	DEATH
	DISEA	E OR CONDITION DI	RECTLY		Rilato	ral Hem	othoray				
	(This does r	osthenio, etc. It means	dying e.g.,	DUE		TOT HOM	ocholax			• • • • • • • • • • • • • • • • • • • •	
	injury or cor	nplication which coused	de oth.)								
	A	NTECENDENT CAUSE	S	101	Comp 1	ete Tra	nsection o	of Aorta.			
		OR CONDITIONS, IF A		DU (R)	E TO						
		E ABOVE CAUSE (A) S'	IA IING THE								
Z				(C)			***************************************	••••••			
FICATION	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTI	NG							
문	TO THE	DEATH BUT NOT RE	LATED TO 1								
ERTI		OPERATION 198, CON		WHICH OPERA	TION	ZOA. AUTO	PSY? (Yes or No) 2	OB. IF YES, WERE FIT	N DINGS C	ONSIDERED	
12	2	WAS PER						N CERTIFYING CAUS			S
7		L CAUSE WAS	21 B.	PLACE OF IN.	JURY (e.g., i	n or obout 21C	. WHERE DID (If	in Boltimore City, gi	ve exoct lo	ocotion)	
EDIC		OR CONTRIB-	home etc.)	s, form, foctory Stre				Cools		11050	1-00
Z	21 D TIME	(Month) (Doy) (Yeo	t) (Hout)	TE. INJURY O			otspring I		eysvi	rre	
	OF INJURY									ee mond	
		8 21 '6	5 P m.	WHILE AT	AT W	ORK D	river of a	auto which	ran o	II road	way
	22. 1 cert	rify that I held an I	nquiry 🗌	Inspection	Aut	apsy X	and that an this	basis, death In m	ny apinia	n	
	resul	ted from: Notural ca	uses	Accident X	Suicide	Hom	icide U	ndetermined manne	er 🗌		
		~ /		17		CHIEF	MEDICAL EXA	MINER			
	ACTUAL		211. 5	Celler	4		MEDICAL EXA			DATE SIG	
	SIGNAT			1	M. D.		MEDICAL EX			8/22/	65
	EXAMIN	Type)Charles S	. Petty	, M.D.		AJJOCIATE	MEDICAL EX	AMINE IC			
	BURIAL CRE	MATION, 23B DATE		C. NAME of C	EMETERY o	CREMATORY	23 D. LO	CATION (City,	town, or	county)	(Stote)
RE	Buria	/ / / / /	5/65 /	Baltimo	no No	tional	Com	Balt	imana	Md.	
24		BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	I I VO	24C, FUN	ERAL DIRECTOR		1	ADDRESS	
	AUG 23		E. Fa	DeyMA		Leon	ard J. F	Ruck Inc.	Balt	to. 14	Md.
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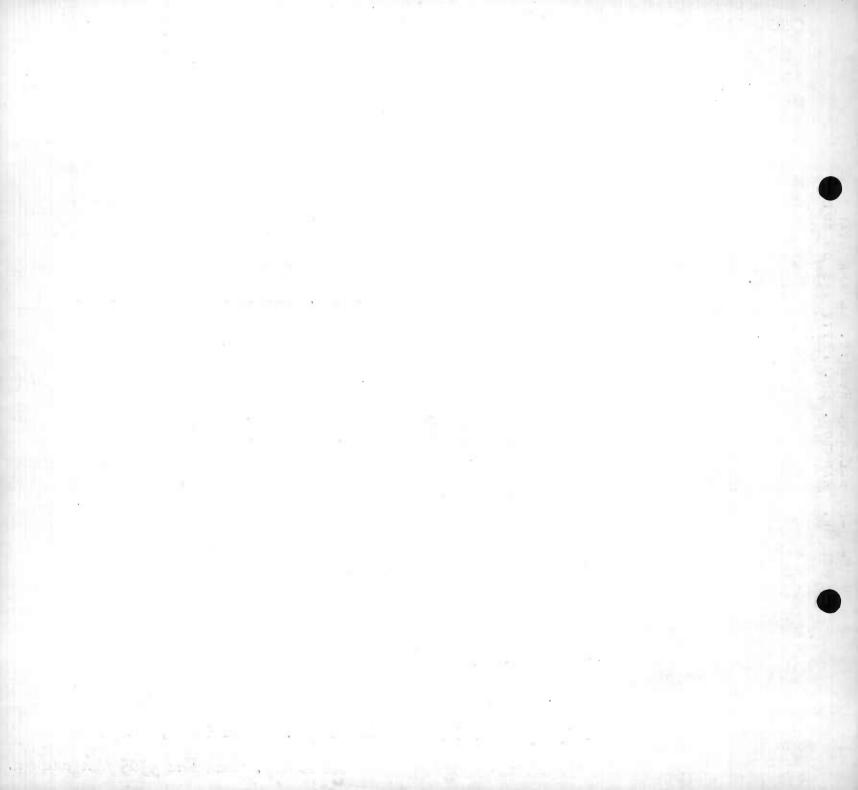
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seth the uch	M.	E CASE NO.	ATE OF DEATH
- B B L S	(Ту	pe or Print) IRVING Matthal, In	2. DATE AND HOUR OF DEATH 8.19.65 1 M.
- O O	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STAFE B. COUNTY
a hosp cause se; (5) endanc to dec		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION	C. CHY OR TOWN (If outside city limits, write RURA) ond give township)
E 3.2 . 1/1	10	Maryland Gen. Hospital	D. STREET ADDRESS (If rurof five locotion)
de cried	0	•	3 W Meston St.
occurred ir ontributing ermined car regular att	5. 9	M W BOWED PIVORCED ASSOCIATION	B. DATE OF BIRTH 9. AGE (In years Months Doys Hours Min.
4 7 5 5 5 6		N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY et during most of working to even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
00 = 0 =	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lirect (4) Uh way dispos		IRVING Watthai	Amelia Schwartz
IMPORTAN or his assistant Also, if the di of any kind; ounced death ittendance on	(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	Carl R. Matthai-New Carlisle, Ohio
assi if the hand and an ed of	-	18. 6 6 / 0 1 CAUSE O	DE DEATH INTERVAL BETWEEN
his lso, of a unce		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T HOLLONG 13 MODALIS
0 4 5 5 9 5		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1 01/01/1005
act act		injury or camplication which caused deoth.) ANTECEDENT CAUSES (B)	exphanial Company
Xam Xam Afred Who		DISEASES OR CONDITIONS, if ony, giving	datia di viviagio
DIRECTOR (3) / Ccian was in a		rise In the obove couse (A) sloting the UNDERLYING CONDITION lost,	parie covy 40 sis
_ 0 = := 3 =	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
NERAL hief med a medi sody burn he phys	FICAI	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
e ch by by by by boby so the th	CERTIFICA	21A. ACCIDENT WAS UNDERLYING 218 PLACE OF INLIES (a.g. in	n or about 21 C. WHERE DID (If in Boltimore City, give exact location)
a the	CAL	OR CONTRIBUTING CAUSE OF CEATH Inotify medical examiner)	ffice bldg., INJURY OCCUR?
ved by hospit nature ept wid 1 (6) N		21D. TIME (Month) (Doy) (Yeor) Hour) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
0.0.0.0		Work At Work	
approtein to the off any of any of any of any of any of any of the object of the objec		22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an	19 Les and that in (my) (aur) opinion death accurred an the date
st be a ased to dent of best be a death)		and haur and from the causes stated above. (1) (10) (47d) (37d not)	
9 0.0 2 0		23A. SIGNATURE M.D. Ane Phy	ending Med. Stoff Phys. 5.
0 - 0 - >		23C. AWSICIAN'S NAME (Type)	23D. ADDRESS
	244	M.D. REMOVAL ISpecify) A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City, town, or county) (State)
This certif the body shows: (1) was D.O.A deceased written ap	/		netery Baltimore, Md.
This certhe bocs shows: was D. deceas	25 A	AUG 23 1965 Polech & Laberth Dept. 258, NAME OF REGISTRAR	Leonard J. Ruck Inc Baltimore, Md.
47 - 37	VS	150-REV. 1/1/65	8 2 3 8

Es dise barroud to M Klaryland 1= A 3 ... A AMERIC SCL. T. IRVING WaThai - I temer variety Appeal to be without

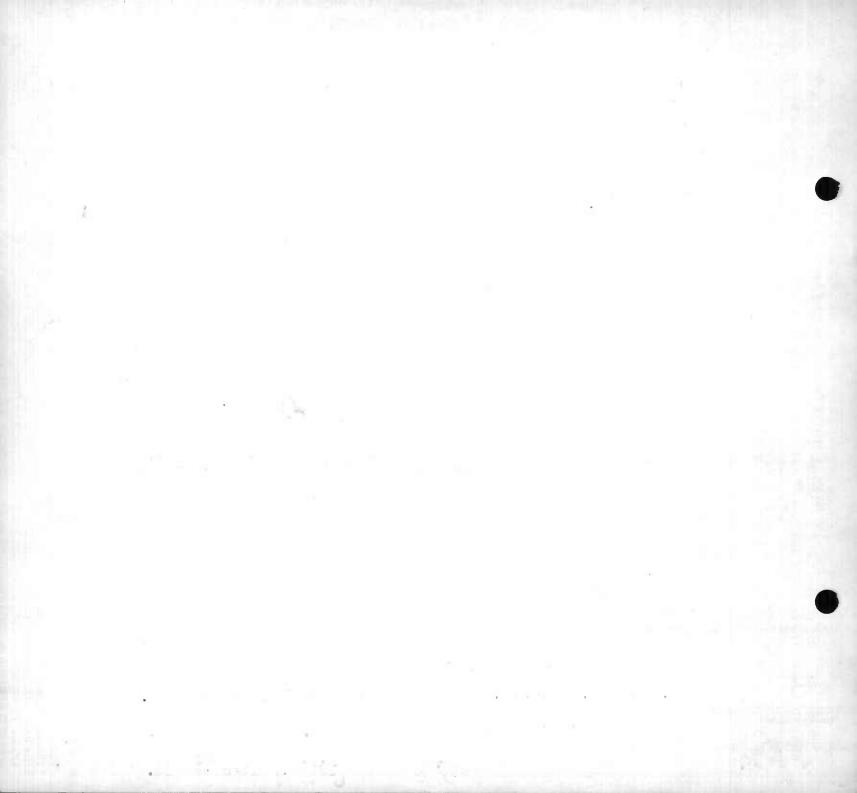
RTH NO.			CERTIFICA	ATE OF DEATH		
NAME OF	F DECEASED			2. DATE AND	HO OF DEATH	1
ype or Prin	nt) Fish	er, Joanne		Anonst	21, 1965	8 25 a.
PLACE O	OF DEATH IN BALTIMO					institution: residence before admission
FULL NA HOSPITAI	AME OF (If not in h	nospitol or institution,	give street	Maryland B. COUNT	Υ	Bulto
INSTITUTI	TION			Baltimore		RURAL ond give township)
	St. Jo	oseph Hospi	tal	8242 Jeffers C	ircle #4	
sex Fema:	le White	7. MARRIED WIDOWS Sing	D. NEVER MARRIED ED. DIVORCED (specify)	August 20,1965	AGE (In yeors est birthdoy)	Months Doys Hours Min.
one during n	most of working life, even if		PF BUSINESS OR INDUSTR	Baltimore, Maryl	7	12. CITIZEN OF WHAT COUNTRY?
3. FATHER				14. MOTHER'S MAIDEN NAM		U.S. I
	ald Fisher			Dorothy Lease		
es, no or un	eceased Ever in U. S. An nknown) (If yes, give wor	med Forces? or dates of service)	SECURITY NO.	M. O. 117.	,	ADDRESS
1B. 17			None	Mr. Donald Fi	sher	(Same)
Dice		AUSES	DUE TO		*******************************	
rise I	SES OR CONDITION In the abave cause RLYING CONDITION 1	S, if any, giving the (A) stating the ast.	(C)			
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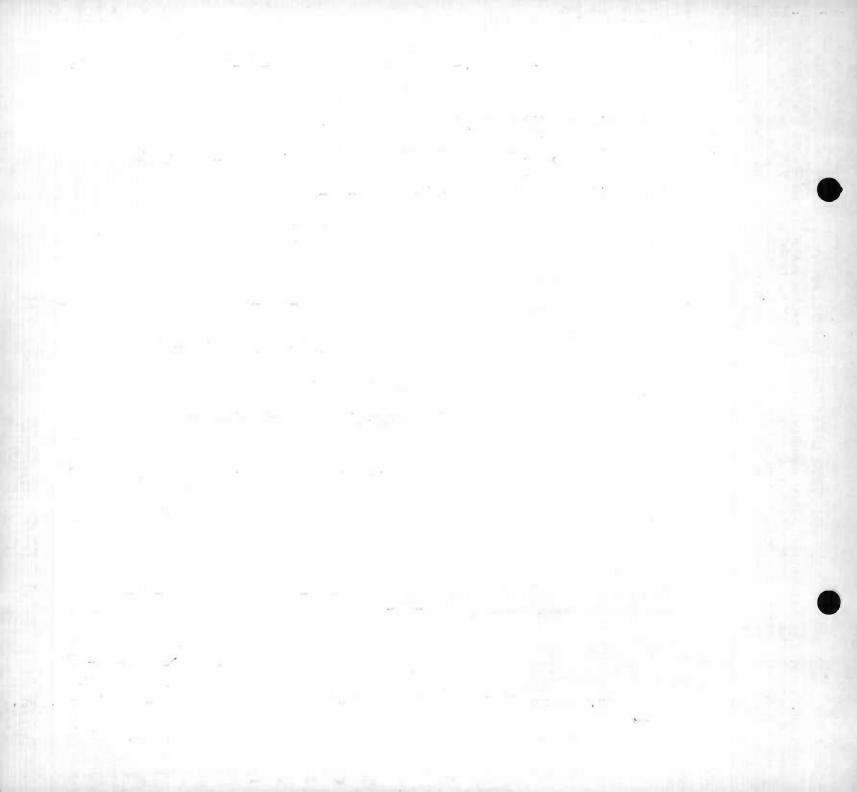


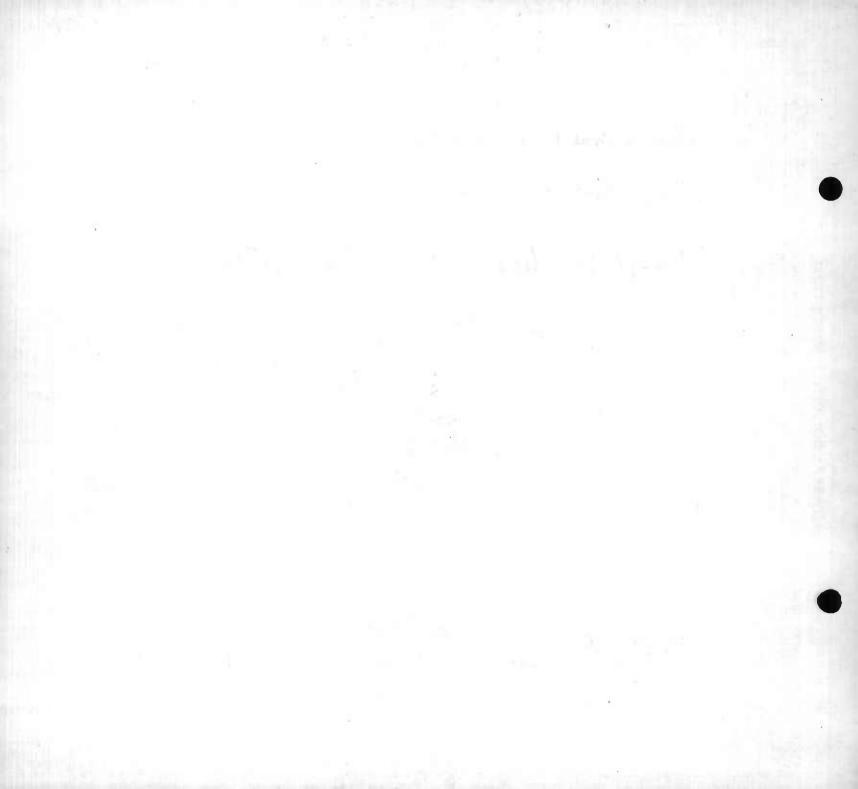
C	249		н но. 65	8724 CERTIFIC	ATE OF DEATH	Registered No	65 8724
	and eath ased the Such	1. N	AME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	, 20/
	E 00 6.		LACE OF DEATH IN BALTIMORE	LL CHARLES	TA NOVAL RECIDENCE (WE-	8/22/65	10 /P M.
	spit s) De nce eatl	3. 1	LACE OF DEATH IN BALTIMORE,	MARILAND	A. STATE B. COUN	ITY	stitution: residence before admission)
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	se; se;	5	NSTITUTION		C. CITY OR TOWN (II OU BALTIMO	A	URAL and give township)
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O. UNZ	istan he d kind; deatl ce or nal d	15. (Ye:	Nas Deceased Ever in U. S. Armed ,na or unknayy) (II yes, give war ar	d forces? dates al service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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M. M.	tal by b; (2) here No ph	AL C	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (natily medical examine)	21B. PLACE OF INJURY (e.g. hame, larm, lactary, street, etc.)	office bldg., INJURY OCCUR?		City, give exact location) 1 SEKEMP AUE, 40
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Ø m	hos nate ept d (6	×	OF INJURY 8/21/65 22	8 P.M. While At Not W	Thile A HEAD! G	lost balance	e + fell Striking
	pro the ny exc an		22. I certify that (1) (this hosp	pital) attended the deceased from	8/22	19 65 10	8/22 1965,
	of of of al (h);		that (I) (we) lost sow the dece	eosed alive on 8/22	2 19.65 ond th	ot in(my) (our) opin	ion deoth accurred on the date
			-/1	stoted obove. (1) (We) (did) (did not) view the body ofter death.		
	S D O D E		23A. SIGNATURE	And An . M.D.	Attending Med.	Staff 📈	23B. DATE SIGNED
	a h c i		23C. PHYSICIAN'S	e Cennes	hys. Director	Phys.	0/22/63
	0 - 0 - 2		NAME (Type)	DENNIS M.	23D. ADDRESS D. TILE TOWAL	e Hanne	o then im
	certificat sody was s: (1) An D.O.A. at ased pric	244	DR MARGARET C	D. DENNIS M.	1110 101110	OCATION (Cit	y, town, or county) (Stote)
	ody S.O.O.		REMOVAL (Specily)				
	This certification of the body shows: (1) was D.O. wastiten a	25A	DURIAL 8/25. DATE REC'D BY HEALTH DEPT.	5/65 Baltimore Na	25C. FUNERAL DIRECTOR	baccamone,	ADDRESS
	This the bashow was decement		ALIC 22 1985 A	o & Q Fr. Chapter	Leonard. 9	Ruck Inc	Maryland 5305 Harford Rd.
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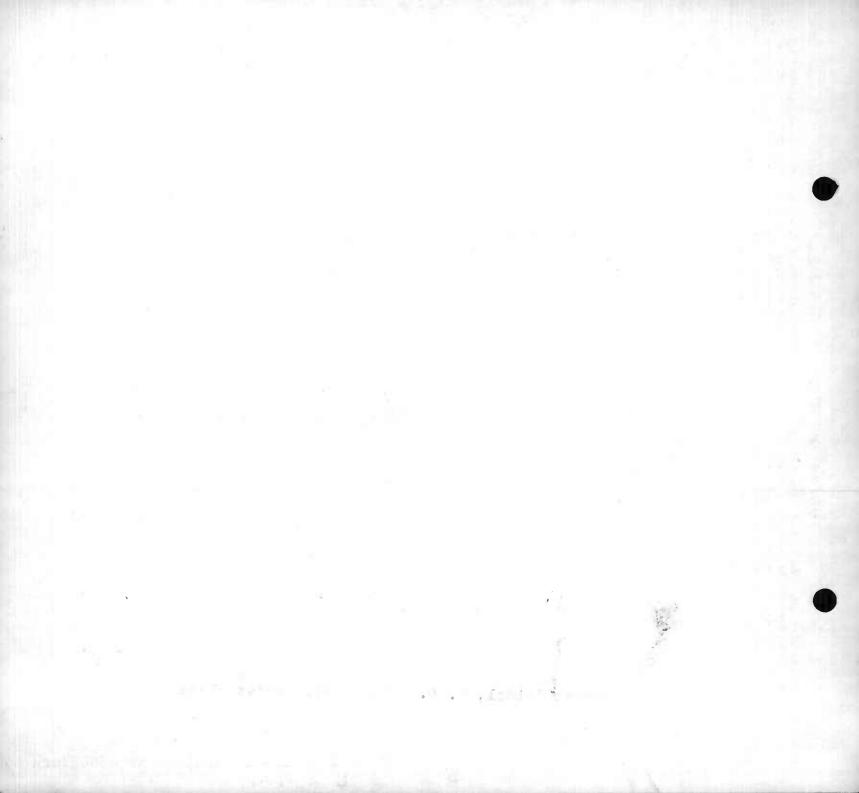


TAR!	BALTIMORE CITY HEALTH DEPARTMENT	5 8725
TEP OF	BIRTH NO. 65 8725 CERTIFICATE OF DEATH Registered No.	0 0120
pital and of death Deceased on the	1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
- de de	(Type or Print) Lucy B. hewis 8-16-65	11:05 P.M.
at boot	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institute A. STATE B. COUNTY	ition: residence before admission)
hospituse of (5) De ance	FULL NAME OF (If not in hospital or institution, give street) Many land	70-01
a hos cause se; (5) endan	INSTITUTION 1	AL and give township)
	D. STREET ADDRESS (If rurol, give location)	2/230.
70	South Battimare General Hasa 124 (1) Manta	ameni St
10000	5. SEX 6. RAC 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years)/1	F Under 1 Yr. If Under 24 Hrs.
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deat Und as in	13. FATHER'S NAME	
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IMPORTAN or his assistant Also, if the di of any kind; ounced death ittendance on		INTERVAL BETWEEN
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FUNER The chief range of the physicial physicial	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED
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> = 0 0	Work At Work	
	22. I certify that (F)(this hospital) attended the deceased from 7-16 1965 to 8	-/6 19 65,
of of all (H);	that ((we) lost saw the deceased alive on 876 1965 and that in (our) opinion	n death occurred an the date
W 75 . + T 4		
ust be eased ident hospit o deat	23A. SIGNATURS	B. DATE SIGNED
e e e e	Calon 2. pnes, Phys. Director Phys.	8-17-65.
0 - 0 - 5	23C. PHYSICIAN'S NAME (Type) Dr. Calvin E. Jones, Jr. M.D. South Baltimore General Hosp	1000 F TO EST. L.
Wa An		
± >= 0.8 3	PEMOVAL (Snearfile)	town, or county) (State)
A S:	BURIAL 8/21/65 MOUNT CALVARY CEM. ARUNDEL CO.	MD.
This certify the body shows: (1) Was D.O.	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
30.6日生产34.3	123 W Montammery St.	
	VS 150-REV. 1/1/6S	

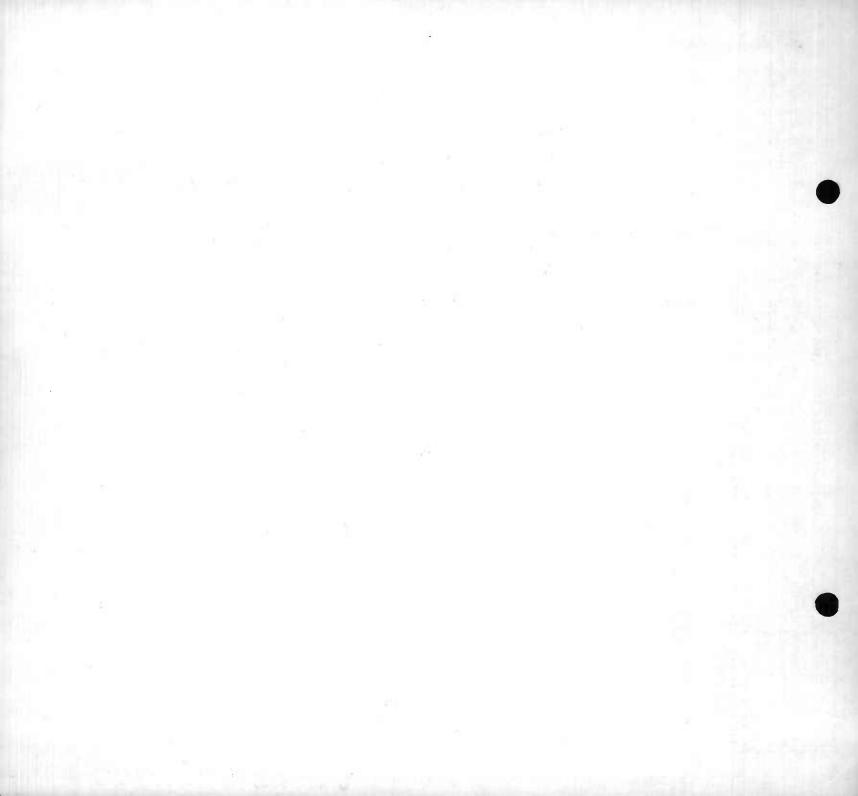








	65 8729
1. NAME OF DECEASED (Type or Print) LOUISE M NICHOLAS	TH Registered No.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDEN A. STATE	Aug 20, 1965 540 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	CE (Where deceased lived. If institution: residence before admis. COUNTY
FULL NAME OF (If not in hospital or institution, give street MA-CYL	(If outside city limits, write RURAL and give township)
SALT,	MORE -212-30
BALTIMORE, MD-21201 2412	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (specify)	9. AGE (In years If Under 1 Yr., If Under 24
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sto one during most of working life, even if retired)	e or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
Madure operate Turing	0 0/1
BOOKER FORD LILLI	AN VOHNSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
no unker Robert n	cholas -24/2 Preset ST
18 5 9 2 X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the made of dying, e.g., DUE TO	A
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES (B) CHRONIC 6-0	MERULONEPHRITIS
DISEASES OR CONDITIONS, if any, giving	
ise to the above cause (A) stating the (C) UNDERLYING CONDITION last,	
II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY?	or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
218. PLACE OF INJURY (e.g., in or obout 21C. WHER	DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner)	
W OF INJURY	DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	1962,0 Aug 20 196.
	and that in(my) (aur) apinian death accurred an the
and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after	
23A. SIGNATURE	23B. DATE SEGNED
Martin C. Shared M.D. Attending Med. Direc	Stoff Phys. 9 8 2-0 6 5
I FRYS, UPIC	
	ity HOSPITAL, BALTO, M
	104 11041 1114-
23C. PHYSICIAN'S NAME (Type) MARTIN C, SHARGEL M.D. CHIUERS 24A. BURIAL CREMATION, 24B. DATE (24C. NAME of CEMETERY OF CREMATORY)	
23C. PHYSICIAN'S NAME (Type) MARTIN C, SHARGEL M.D. UNIUERS	
23C. PHYSICIAN'S NAME (Type) MARTIN C, SHARGEL M.D. UNIVERS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY Bundl 8/26/65 Tut. 20	24D, LOCATION (City, town, or county) (Sto
23C. PHYSICIAN'S NAME (Type) MARTIN C, SHARGEL M.D. UNIUERS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY BEMOVAL (Specify) 8/26/65 200.	Palto Med,



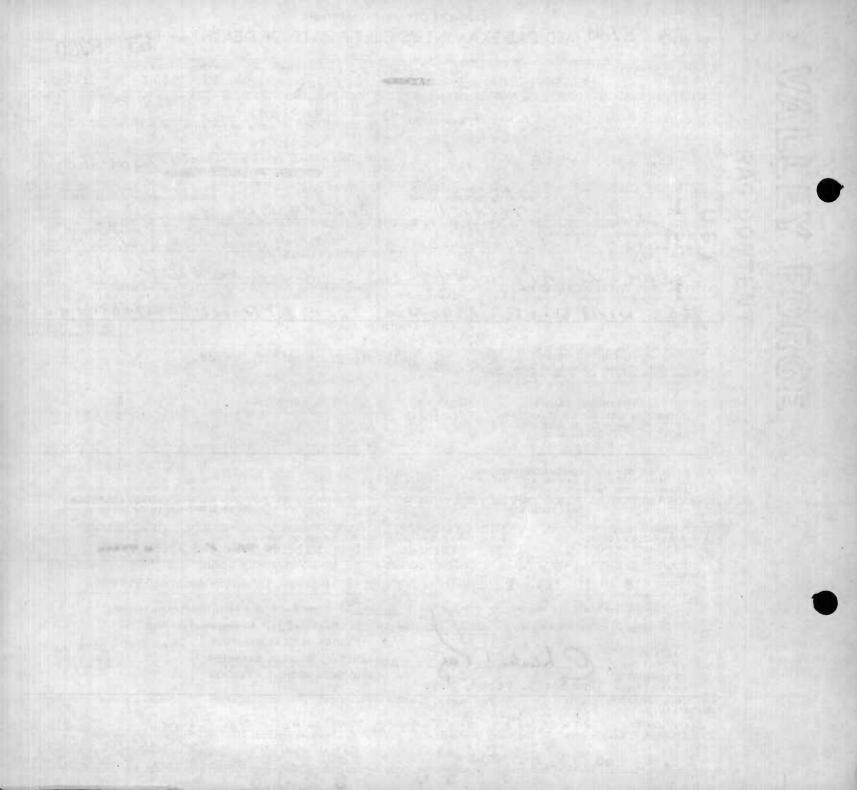
BALTIMORE CITY HEALTH DEPARTMENT 8730 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD RITTENOUR RITENOR PITENOUR August 22, 1965 2:22 A. MELVIN ELLWood. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location St. Agnes Hospital 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months, Doys, Hours, Min. White DUNE 14 MATRIED Male 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND LABORER 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO. (Yes, no or unknown), (If yes, give wor or dates of service) WAR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple Traumatic Injuries. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes ZIA, EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) home, form, factory, street, office bldg., NJURY OCCUR? Wilkins Ave. and Allen Drive Street 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 21D TIME OF INJURY NOT WHILE (APPROX.) Driver in auto-auto collision. **'** 65 I certify that I held on Inquiry Inspertion Autopsy X ond that on this bosis, death In my opinion Homicide Undetermined monner resulted from: Natural causes Accident 1 Sulcide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 8/22/65 SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) (Stote) 23A. BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) 23B, DATE REMOVAL (Specify) DURIAL BALTIMORE NATIONAL

248 NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

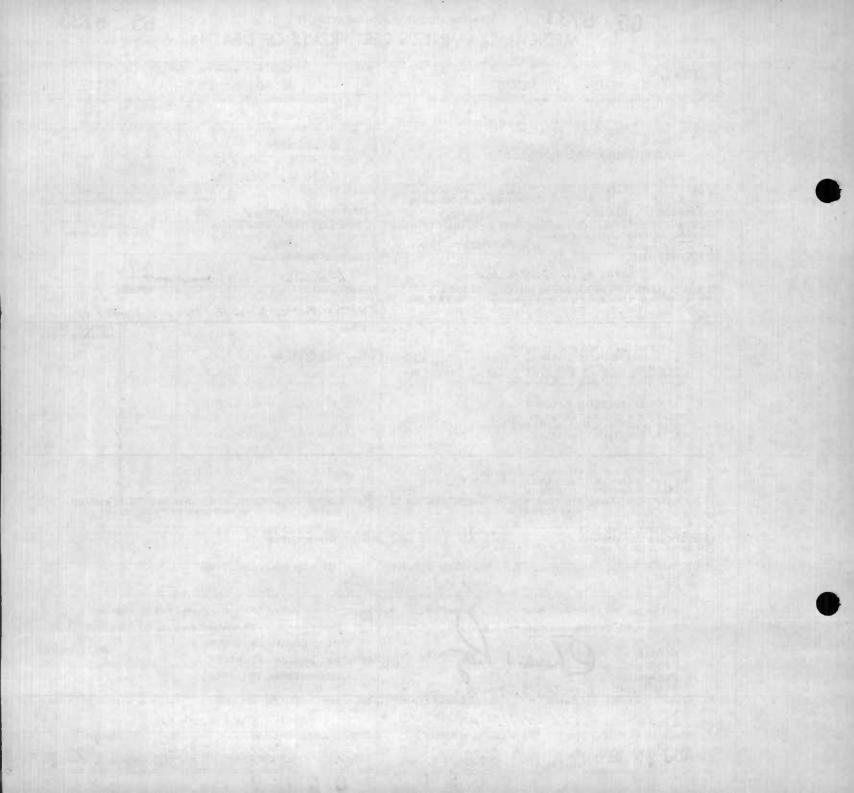
VS 151-REV. 1/1/65

24C. FUNERAL DIRECTOR

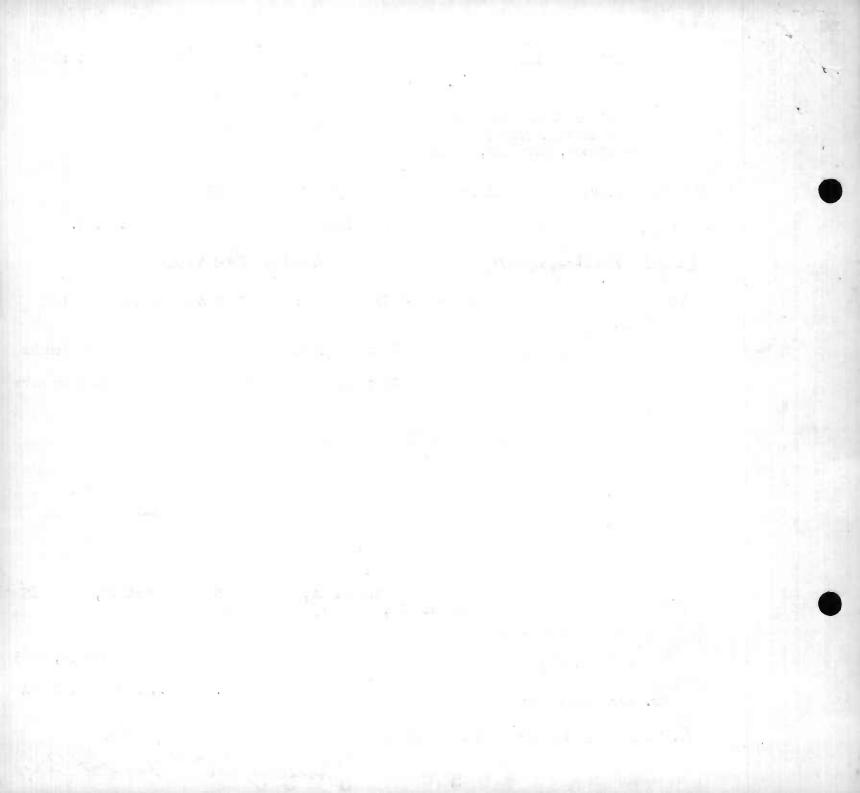


(Type or Print)	KING,	MARY E	LIZABETH	2. DATE	8-18-65	4:45PM
FULL NAME O HOSPITAL OR INSTITUTION	OF (If not in hospito oddress or locoti 8 MAIN ST ELLICOTT	1 or institution, g		A. STATE B. COMARYLAND C. CITY OR TOWN III ELLICOTT C D. STREET ADDRESS	outside city limits, write ITY, MARYLA (If rurol, give location)	RURAL and give township)
5. SEX FEMALE	6. RACE WHITE	MARRIE	NEVER MARRIED DIVORCED (Specify)	8 MAIN STR B. DATE OF BIRTH 4-5-9/3 Y 11. BIRTHPLACE Is of a or f	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
	working life, even if retired)		503111233 OK 11120311K	MARYLAND		12. CITIZEN OF WHAT COUNTRY?
JOHN H	ACKETT (DE	EC)	6. SOCIAL	LAURA HO	LMAN (DEC)	ADDRESS
NO NO	Ever in U. S. Armed For (III yes, give wor or do	tes of service)	SECURITY NO.		SPITAL RECO	ORDS BALTO.29,
(This does n	SE OR CONDITION D LEADING TO DEATH not meen the mode of osthenio, etc. It meon application which couse	f dying, e.g., s the diseose,		hypord can revalued M	cionoma	INTERVAL BETWEEN ONSET AND DEATH
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TO THE D	CONDITION CAUSING OPERATION 198. CO WAS PE	ATED TO THE	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? e City, give exact locotion!
1/ -2 U 21A. ACCIDER OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	wone etc.)	, lain, lociory, sieec	office blag., INJURI OCCUR	perfection of the second	
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21A. A CCIDER OR CONTRIBLE DEATH Inotify 21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (we) and hour and	TING CAUSE OF medical examiner (Year Month) (Day) (Year that M) (this hospital lost saw the deceased from the causes sta	Hour) 21E Whill Work work with the deliver on	INJURY OCCURRED At Not What Work deceased from	21F. HOW DID I	19 64 to that in XXX (aur) api	8-18 19 Inion death accurred on the c
21A. ACCIDED OR CONTRIBLE OF INJURY IAPPROX.) 22. I certify that (1) (we) and hour and 23A. SIGNATU	TING CAUSE OF medical examiner (Month) (Day) (Year that M) (this hospital lost saw the deceased from the causes strong (REMARK)	Hour) 21E Whill Work work with the deliver on	Not What Work At Work	21F. HOW DID I	19 64 to that in XXX (aur) api	
U 21A. A CCIDER OR CONTRIBLE DEATH Inotify 21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (we) and hour and 23A. SIGNATU	TING CAUSE OF medicol exominer) [Month] (Day) (Yeor that N) (this hospital lost saw the deceased from the causes stated from the cause stated from the cause stated from the cause sta	Illouri 21E. Whill Work all) attended the sed alive on	Not What Work At Work	21F. HOW DID I	19 64 to that in Ay (aur) opi h. Stoll Phys. M	nian death accurred on the o

BIRTH NO.	MEDI	ICAL EX	CAMINER'S CI	ERTIFICA	TE OF L	DEATH Registe	ered No	
M.E. CASE NO.								
1. NAME OF DEC	CEASED				2. DATE AN	HOUR PRONOUNC		
G	ERALDINE PER	RRYMAN			20 Aug	ust 1965	1	1:30 p. M
	IMORE, MARYLAND, W				yland	deceosed lived. If inst	titution: residence JNTY	before odmission
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TO	WN (If outside	corporate limits, write	e RURAL ond gi	ve township)
Institution	Memorial Hos	enital		Balt	timore		1	705
Onlon	. Hemoriar no.	phicar		D. STREET ADD	DRESS (If rurol,	give location)		
				1426	6 W. 37t	h St.		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	гн	9. AGE (In years lost birthday)		. If Under 24 Hr
female	Cauc.		3R/ED	MARCH	129,194			
	JPATION (Give kind of work working life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN O	
TELLE		PROVIO	ENT BANK		MO.		WHATCO	ONIKI
3. FATHER'S NAM	A E			14. MOTHER'S M	AAIDEN NAME			
6	HARLES M. T	HOMPSON	*	FFI	NE I	THOMPS.	ON	
5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71107172	ADDRESS	
NO	(If yes, give wor or dote	s of service	SECURITY NO.	MANOLD	DEAD	MAN 1426		
,			-		A, I-ERRY	MAN 1926		RVAL BETWEEN
42	220		CAUSE	OF DEATH				ET AND DEATH
RISE TO TH UNDERLYIN	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REIR CONDITION CAUSING OPERATION 198, CON WAS PER	CONTRIBUTING THE		20A. АUТОРS		208. IF YES, WERE FI		
ZIA, EXTERNA	L CAUSE WAS	21B,	PLACE OF INJURY (e.g.,	n or obout 21C.	WHERE DID	If in Boltimore City, gi	<i>y</i>	n)
UNDERLYING UTING CAU	SE OF DEATH.	home etc.)	, form, foctory, street, o	flice bldg., INJUR	Y OCCUR?			
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22.	lify that I held an I	nguiry	Inspection Aut	apsy X an	id that on thi	s basis, death In n	ny apintan	
resul	ted fram: Natural car	nsesXX v	Accident Sulcide			Indetermined mann	er	
ACTUAL		ules I F	elly M.D.	ASSISTANT M	AEDICAL EX AEDICAL EX		DA	ATE SIGNED
EXAMIN NAME (IER'S	s S. Pet		ASSOCIATE A		penny	8/21/65	
23A. BURIAL CRE	MATION, 238, DATE		C. NAME of CEMETERY o	CREMATORY	23 D. Le	CATION (City,	, town, or county) (Stote)
BURIAL (Specify	11111	241965	WOODLAWN		1	PALTO, MO,		
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	RAL DIRECTOR		ADDR	ESS
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VS 151-REV. 1/1/		1 51	to him Is in	0 0 0) 3 0	/	70	



BIRTH M.E. 1.NA (Type	CASE NO. AME OF DECEASED Or Print) Alice C	ollins	2. DATE AND HOUR OF 8/17	/65 12:50 P _M
3/	OSPITAL OR Baltimore 4940 East	ospitol or institution, give street	A. STATE Maryland B. COUNTY	ived. If institution residence before admission) Its, write RURAL and give township) cotion)
5. SE	emale Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widow	B. DATE OF BIRTH 9, AGE (in y. lost birthday) 85	oors If Under 1 Yr. If Undoi 24 His. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind during most of working life, even if r	of work 10B, KIND OF BUSINESS OR INDUSTR	Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
		ngsworth	EMILY PARK	
15. W (Yes,	vos Dechased Ever in U. S. Am no osunknown) (If yes, give wor NO	or dotes of sorvice) 16. SOCIAL SECURITY NO. 218-09-038	7. INFORMANT RECORDS: BCH 4940 E	astern Avenue 21224
	DISEASE OR CONDITION LEADING TO DO (This does not mean the man heart failure, asthenia, etc. It injury or complication which or	N DIRECTLY EATH de af dying, e.g., means the disease, caused death.) Ca	rcinomatosis rcinoma of Cervix	interval between onset and death 3 Months 1 Year or more
NO	ANTECEDENT CA	(A) stating the (C)	-14	
L CERTIFIC	DISEASE OR CONDITION CAU	SING IT. CONDITION FOR WHICH OPERATION AS PERFORMED ZIB PLACE OF INJURY (e.g., home, form, foctory, stroot,	20A. AUTOPSY? (Yes or No) 20B. IF YE IN CERTIFY TOS in or obout 21C. WHERE DID (If in office bidg., INJURY OCCUR?	S, WERE FINDINGS CONSIDERED WING CAUSES OF DEATH? Yes Bottimoro City, give exect location)
AEDIC	21D. TIME (Manth) (Doy) OF INJURY (APPROX.)		21F. HOW DID INJURY OCCUR	?
ST De	that (I) (we) lost sow the de	os stoted obove (1) (We) (did) (did not)	view the body after death.	August 17, 19 65, our) opinion deoth occurred on the dote
	23C. PHYSICIAN'S NAME (Typo) Dr. Barry Way: BURIAL CREMATION, 248. D. REMOVAL (Specify)	ne Uhr M.C	23D. ADDRESS 4940 Eastern Ave. E	Balto., Maryland, 21224 (City, town, or county) (State)
25A.				



	o to co	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH NO.	65 873	CERTIFICA	TE OF DEATH	Registered Na.	65 8735
M.E. CASE NO.	ASED		DATE AL	ND HOUR OF DEATH	
Type or Print)		trru A.	8/	19/65	1:45 A
CER1	TH IN BALTIMORE, MARYLAN	AMENDED	A. STATE B. COUR	ere deceased lived, if in NTY	nstitution: residence before admission
FULL NAME OF	(If not in hospital or insti address or location)	tution, give street 9-29-65	C. CITY OF TOWN (II OL	utside city limits, write	RURAL and give township)
	ian hospital i	0 ± 0/ 4 ± 1	BALTIMORE D. STREET ADDRESS (III	rural, give location)	50-00
	ALC POST TAL	THRYLAND		RDENRO. BX	1-21 187-15
D.1		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 818 - 03	9. AGE (In years last birthday)	If Under 1 Yı. If Under 24 Hr Months Days Hours Min.
IN OSSU	DATION (See lead of week) SOR W	MARKIED IND OF BUSINESS OR INDUSTRY	2 -0	61	110 0171771 07
dane during most of w	rorking life, even if retired) RIST,	Bulko TRANST	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
BALT. TRA		104/10 1/14/01	14. MOTHERS MAIDEN NA	AAF	1007.
	Thomas J. Flanag		NE 1/16	O'CONNON	9
5. Was Deceased	Ever in U. S. Armed Forces? (If yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT	0 00,000	ADDRESS
110		217-07-4122	Son		SAME
1B. 15	44	CAUSE O		•	INTERVAL BETWEEN
DISEAS	OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH		Minch OLPrin	MALL RECTIO	1 112 an
(This does no	of mean the mode of dying,	e.g., DUE TO	MINAL CARCINE	CCC ICECIA	n gear
heart failure,	sthenia, etc. It means the di	30430,	WI WELASTA	1212	
injury or com-	plication which coused death.)			
Δ	NTECEDENT CAUSES	(B)		**********	
DISEASES	R CONDITIONS, if any,				and the second second second
	obove cause (A) stating				
	CONDITION last.				
	11				
E TO THE DE	II ICANT CONDITIONS CONTRI ATH BUT NOT RELATED				
U 194 DATE OF	CONDITION CAUSING IT. OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208 IF VES WEST	EINDINGS CONSIDERED
	WAS PERFORME	D WHICH OPERATION	WO.	IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME	(Month) (Day) (Year) (Hou	1) 21E, INJURY OCCURRED	21F. HOW DID IN.	IIIPY OCCUP?	
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(APPROX.)		Work At Work		/	
22	that (1) (this haspital) atte	aded the deceased from	X-4	1945 ta	8-19 1945
		el a	10 - 15		
that (#) (we)	last saw the deceased aliv	e an D	19 19 63 and th	hat in (1919) (aur) opi	inian death accurred an the de
and haur and	from the causes stated ab	ave. (M) (We) (did) (did-not) v	view the bady after death.		
23A. SIGNATU		7, 1, 1, (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	The state of the s		23 B. DATE SIGNED
2031011410	V D D. U	M.D. Atte	ending Med.	Staff	0/0/2
1	tables buy	pada Phy	s. Director	Phys.	8/19/65
23C. PHYSICIA	N'S		23D. ADDRESS		1.1
NAME (Ty		M.D.	3508 OA	V QUIDT	_ 7
	IRVING SCHE	KLID			-/
24A. BURIAL CREA REMOVAL (S		24C. NAME of CEMETERY OF CRE	EMATORY 24D. 1	LOCATION A IC	ity, town, or county) (State)
13. 10. 11 1	8-23-65	Youke 10 -		Inthe 10	IND
25A. DATE REC'D	BY HEALTH DEPT. 25B. N	IAKKWOOD LEN	25C. FUNERAL DIRECTO	MILOLO	A ADDRESS
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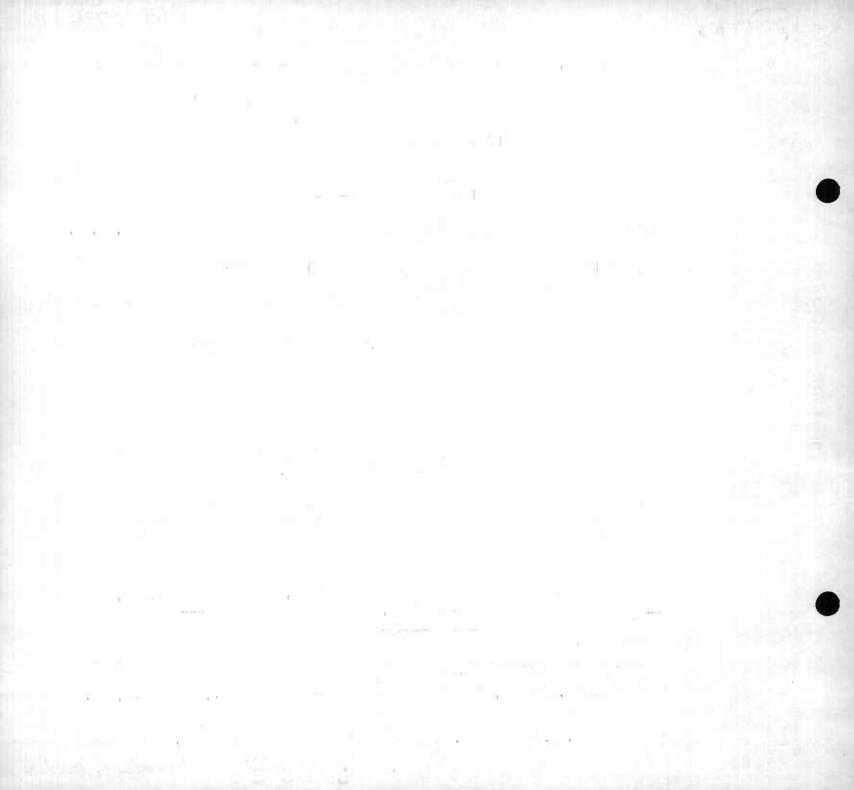
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	CASE NO.	EASED		2. DATE AND HE	OUR OF DEATH	1 - 1 - 1
Туре	e or Print)	ROBINSON, I	HORACE	8-20-65	12	7.55 AM
. PL	ACE OF DEA	ATH IN BALTIMORE M.	ARYLAND	A. STATE B. COUNTY	eased lived. If	institution; residence before admis
H	ULL NAME O OSPITAL OR ISTITUTION	OF (If not in hospital addiess ai lacotii	or institution, give street on)		MARY S city limits, write	RURAL and give tawnship)
6	THE JO	HNS HOPKINS	HOSPUTAL		give location)	
. SE	EX	6. RACE	7, MARRIED, NEVER MARRIED		3E (In years	If Under 1 Yr., If Under 24
	М		WIDOWED, DIVORCED (specify) MARR IED	12-16-02	62	Months Days Hours Mi
			THE TOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign co		12. CITIZEN OF
lane		warking life, even if retired)		A4 /	,	WHAT COUNTRY?
2 5	ATHERS NA	il Service		14. MOTHER'S MAIDEN NAME	nd	U. S. A.
3. F	AIREKS NAP	VIE				
	CHARLE:	S ROBINSON		ROSIE Gladde	an	
5, W	as Deceased	Ever in U. S. Armed Fo	tes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			35058.11 110.	Florine Robinson	Co	motor Maruland
1	1B. 42	0.101.10	CAUSE	OF DEATH	U	INTERVAL BETWEEN
	100	SE OR CONDITION D				ONSET AND DEATH
1	DISEA	LEADING TO DEATH	irecter a	cute Myocardial Inf	anation	24 hours
	(This does n	nal mean the made a	f dying, e.g., DUE TO	care Mocararar Titte	ar coron	~ IIV UL B
		asthenia, etc. It mean	s the disease,			
	injury or con	asthenia, etc. It mean nplication which cause	s the disease, d death.)			
	injury or con	asthenia, etc. It mean	s the disease, d death.)			
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0 5	BIRTH NO. M.E. CASE NO. 65 8737 CERTIFICATE OF DEATH Registered No.05 8737
H	1. NAME OF DECEASED
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived, It institution; residence before add
	A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN, (If outside city limits, write RURAL and give township)
	South Balto, General Baltimore D. STREET ADDRESS (If rural, give location)
	2275 Reisers town Re
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under WIDQWED, DIVORCED (specify) lost birthdoy Months; Doys Hours;
	M C Markled 7/3/90 75
	done during most of working life, even if retired) WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	William Talbott Lottie
	15, Wos Deceosed Ever in U. S. Anned Forces? 16. SOCIAL 17, INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 275 Reiserstown
-	18. 2/20,11 CAUSE OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,
	injury or camplication which coused death.) AR FERIOS CLERATIO
	injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving
	rise to the above cause (A) stating the UNDERLYING CONDITION last.
	11
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	DISEASE OR CONDITION CAUSING IT. U 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Not Work At Work
	22. I certify that (this hospital) attended the deceased from 8/2/6 5 19 to 8/2/19
	that (1) (we) last saw the deceased alive on 8/21 19 6 5 and that In(my) (our) opinion death accurred on t
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff R 21/6 S
	Phys. Director Phys.
	23C. PHYSICIAN'S (AME (Type)) J. COWROY M.D. S. Balto. Gen. HOSP
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
	BURIAL 7-3-1890 Jehnsville Meth Church Go. Johns Ville M
ŀ	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
11/	MORTON L Dell E Fallyn MORTON L Dell F. H. 1701 LAure.
٧	'S 150-REV. 1/1/65

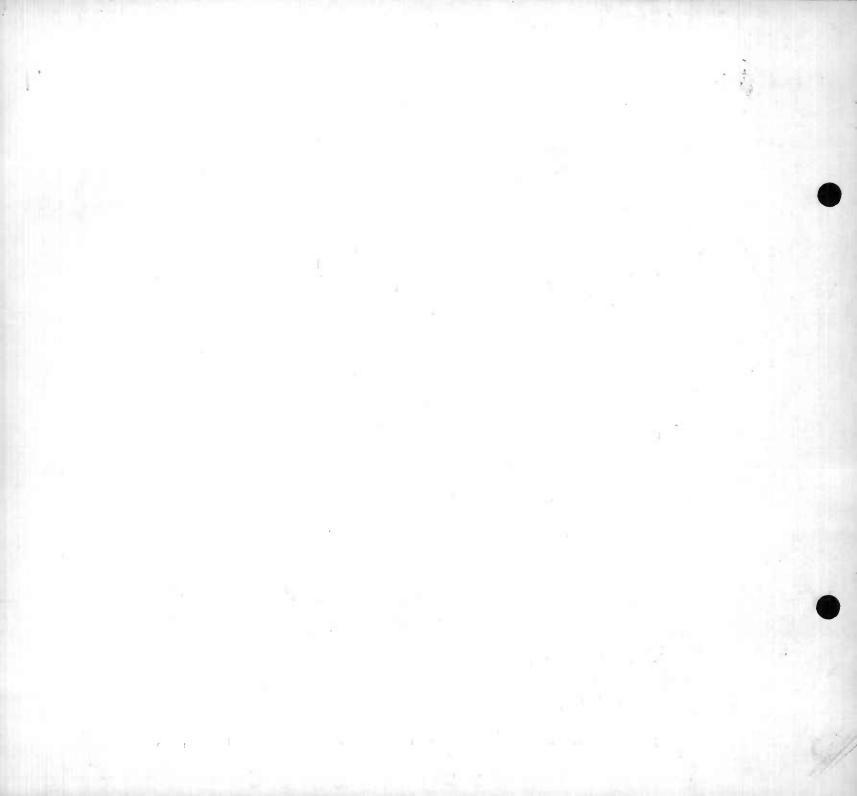
BALTIMORE CITY HEALTH DEPARTMENT

Weller neille

Naturazilation papers brought in By funeral director. 9/3/65 chowens

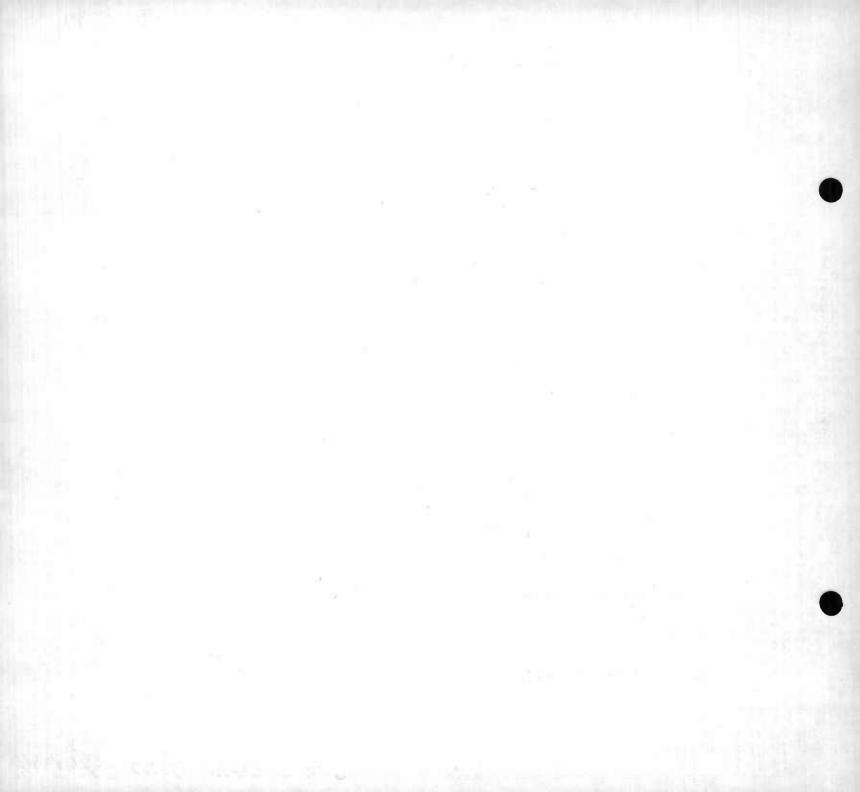
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10-	- 0	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death interes; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such	
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		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	3

BOTH NO 65-20654 65 87	BALTIMORE CIT	TY HEALTH DEPARTMENT	Registered Na. 65	2720
BIKIN NO. 1	39 CERTIFICA	ATE OF DEATH	Registered Na.	0733
M.E. CASE NO. 1, NAME OF DECEASED	0 . 0 .	2. DATE AND	HOUR OF DEATH	
Type or Print) Buchanan,	Baby Girl	8-1	9-65	1 1210 n
PLACE OF DEATH IN BALTIMORE, MARTLAN	ID I	4. USUAL RESIDENCE (Where d	1	on; residence before admissi
		A. STATE B. COUNTY	1 1	
FULL NAME OF flf nal in haspital ar inst HOSPITAL OR address or location)	itulian, give street	MARYLAND		00
INSTITUTION		C. CITY OR TOWN (If autside	city limits, write RURA	L and give tawnship)
S-1 11 Hacking	· 1/2 sital	D. STREET ADDRESS (If ruro	, give location)	
The Johns Hopkin	3 HOSPETAL	D. STREET ADDRESS (IT FOR	, give location)	
		8. DATE OF BIRTH GYLE A	ENNE APT 9	8
1 11	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. /	birthday) Mai	Under 1 Yr. If Under 24 I oths Days Hours Min
F Negro		8-19-65		2 40
6A. USUAL OCCUPATION (Give kind of work 10B, # one during most al working life, even if retired)	AND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?
one doving most of working the, even in remed,		Bultimore Ma	6	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		VCJ/1
VERNON BUCHANAN		CVIVIA LONGS		
RAMMXXMXXXM		SYLVIA JONES		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 7 7 2 3 5	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Υ		,-	ONSET AND DEATH
LEADING TO DEATH	in ide	opathic respirator	y distage	2 hu 40 u
(This does not mean the made of dying		egarross rosponeros	7	
heart failure, asthenia, etc. It means the a injury or camplication which caused death		/ /		2 hr. 40 m
ANTECEDENT CAUSES	(B)	pre maturity		2100.101
DISEASES OR CONDITIONS, if any,		/		
rise to the above cause (A) statis				
UNDERLYING CONDITION last.				
_ II				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE 7 Fall	le mother at to	of and	105/110
19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION		OB. IF YES, WERE FINDI N CERTIFYING CAUSES	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City	, give exact lacation)
DEATH (natify medical examiner)	etc.)	A DESCRIPTION OF THE PARTY OF T	-	
21D. TIME (Month) (Day) (Year) (Ho	un 21 E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
E (APPROX.)	While At Wark Not Wat Wark			
	A	70 0 10	15 1210	8 10 6
22. I certify that (1) (this hospital) atte	1710000	Tun 8 /1 19	03 to 1	n 0-14-19
that (1) (we) last saw the deceased ali	ve an 11 mu 8.	19 9 and that i	in (my) (aur) apinion	death accurred an the
and haur and fram the causes stated al	bave (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE		Justern	23 B.	DATE SIGNED
Xound . Johns		ttending Med. Sta Phy		8-19-65
23C. PHYSICIAN'S		23D. ADDRESS Johns Ho		ital
23C. PHYSICIAN'S NAME (Type) JOHN D JOHNSON	M.I	100000	Padish :	
6		Dept	reactive cs	
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAME of CEMETERY or C	REMATORY 24D. LOC	ATION (City, to	wn, or county) (State
CREMATION 8-20-65	JOHNS HOPKINS	HOSPITAL BALT	TIMORE. 5. N	TARYLA ND
SA. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 23 1965 (P.O. A. 8	Fa D. 48-			
	CLA VMAAFINE OL			
/S 150-REV. 1/1/65	Chance C	8 2 5 5		



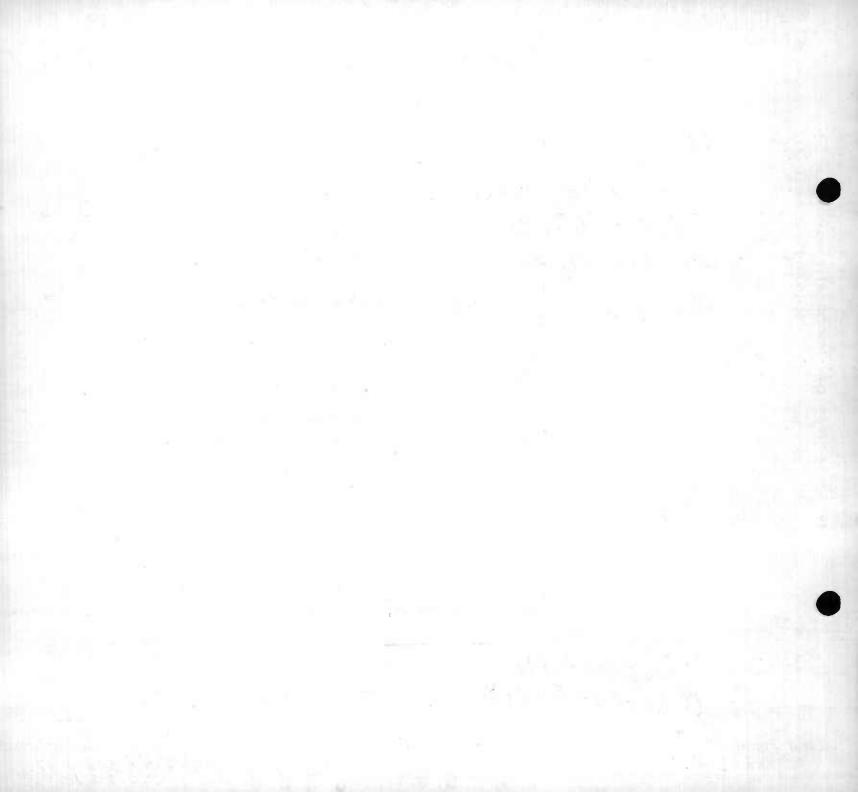
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).
his cert ne body hows: (ras D.O

OF OWN		Y HEALTH DEPARTMENT	6	5 0010
BIRTH NO. 65 874	CERTIFICA	ATE OF DEATH	Registered Na.	0 0/40
NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	-
Type or Print) ARS ADA MARRE B. PLACE OF DEATH IN BALTIMORE, MARYLAND	Ver	8-23	2-65 7A	M
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived, if insti-	ution: residence before admission
FULL NAME OF (If not in hospital or institut	ion, give street	11 .	d- BALT	n-consta
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If ou	tside city limits, write RUI	RAL and give township)
HOLDITAL FOR WO	men of	SPARKS		6300
HOSPITAL FOR WO	1	D. STREET ADDRESS	rural, give location)	
		ROCKY H	ill Ron	<u> </u>
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 H Norths: Doys Hours Min.
TEMPLE White DO NOT NOT THE BOOK NOW AND A LOCK TO BE KIND OF WORK 10B. KIND OF WORK	isowed	6-8-94	71	
6A. USUAL OCCUPATION (Give kind of work 10B, KfN one during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	VHOME	MARYLAN	11	115A
3. FATHERS NAME	V 170712	14. MOTHER'S MAIDEN NA	ME	
EVAN DAVIS WA	PPLOP	Toda Par	ecca 5	KIPPER
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ECCH 3	ADDRESS
Yes, no of unknown) (If yes, give wor or dates of servi	SECURITY NO.	FAMILY D-	240	
NO NONE		I MAILY KECOK	205	
1B. / 75.01		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Dravian Bar		6
(This does not mean the mode of dying,	e.g., DUE TO	varian Cili	more	· · · · · · · · · · · · · · · · · · ·
hearl failure, asthenio, etc. 11 meons the dise injury or complication which caused death.)	ase,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, gi	DUE TO			
rise to the above couse (A) stoting				
UNDERLYING CONDITION lost.				
Z CTUST SCOUT CONTROL CONTROL	TIME			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	THE			1.00
OISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID	(If in Baltimare C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, toctory, street, etc.)	office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At Not W	nile 🗀		
	Work L At Wor	200		17
22. I certify that (1) this haspital) attend	. ^	849,	196 1 10 22	aug 10)
that () (we) last saw the deceased alive	an 21 que	19 6 and th	ot in (my) (aur) apinio	on death occurred on the d
and hour and fram the causes stated above	e. (D)(We) (did) (did hat)	view the bady after death.		
23A. SIGNATURE			A 2	3B. DATE SIGNED
BM-BD		ttending Med. Director	Stoff Phys	2204065
23C. PHYSTCIAN'S NAME (ype))	23D. ADDRESS		12 2000
NAME (Type)	n~cc-10 . M.E	11. A	17.1.	120 Kelle
24A. BURIAL CREMATION, 124B. DATE 124	C. NAME OF CEMETERY OF C	14040000	OCATION ICE.	town, or county) (Stote)
REMOVAL (Specify)	A CONTRACT OF CONTRACT OF C		CATION CON.	town, or country) (3101e)
DUNIAL 406. 25,1968	VESSOPS CEMI	TERY COG	KEYSUILLEA	MARYLAND
and the second of the second o	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
AUG 24 1965 R.C. & C.	TO ALLENDER OF THE	1 188 Km 32	suno to	no sowin

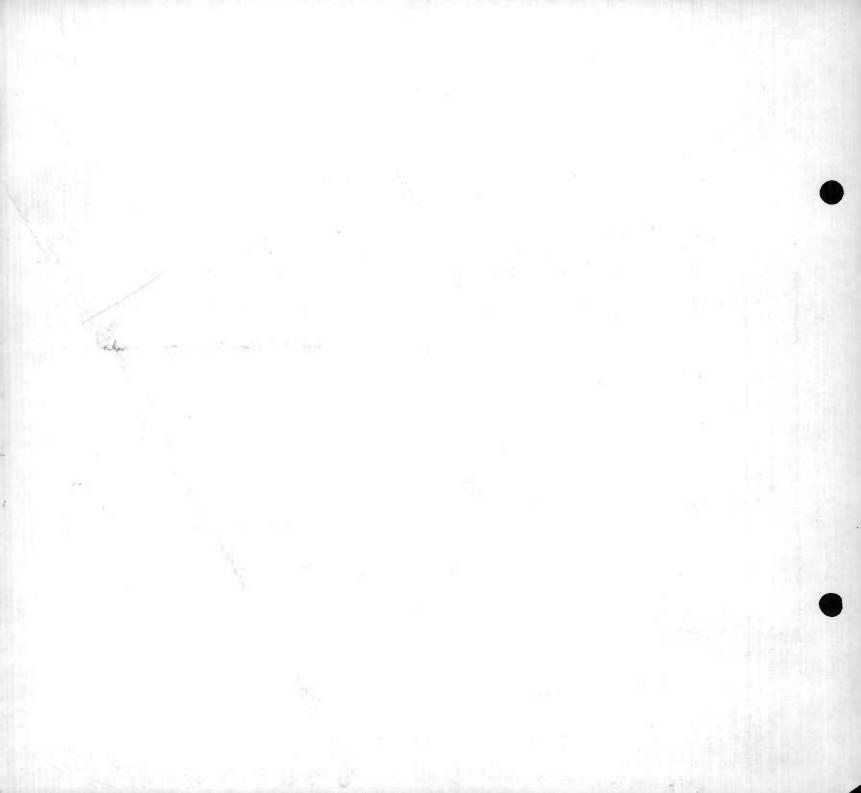


BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO. CERTIFICATE OF DEATH Registered No. 65 8743
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission as STATE B. COUNTY
(Type or Print) Dora I. Cora \$/21/65 7:40P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission A, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street)
HOSPITAL OR address or lacation) INSTITUTION (If outside city limits, write RURAL and give township)
University Hospitals D. STREET ADDRESS (If rurol, give location)
4/29 Falls Rd.
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spo.) 8. DATE OF BIRTH Plast birthday 1. If Under 1 Yr. If Under 24 Hrs Min. 1. Manths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State, or foreign caunity) 12. CITIZEN OF WHAT COUNTRY?
At home - Maryland USA
13. FATHER'S NAME
15, Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, ng arunknawn) (If yes, give wor or dates of service) SECURITY NO.
18. 4 6 5 X CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY
(This does not meon the mode of dying, e.g., (A) (III) (A) (A) (DUE TO
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, if any, giving
rise to the obave couse (A) stating the (C)UNDERLYING CONDITION lost.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20B. IF YES, WERE FINDINGS CONSIDERED 20B. IF YES, WERE FI
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) CAUSE OF
VARREDOX) While At Not While
22. I certify that (I) (this hospital) attended the deceased from 8/2/19 5
that (I) (we) last saw the deceased alive an 2 ond that In (my) (aur) apinian death occurred an the da
and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after deoth.
23A_EIGNATURE 23B. DATE SIGNED
M.D. Attending Med. Staff Staff Phys. Staff Med. Staff S
23C. PHYSICIAN'S NAME (Type) To Spitals
Leif 1. Sotherg M.D. University
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or caunty) (State)
25A. PATA REC'D BY HEALTH PEPT / 225E NAME OF REGISTRAR 25C. FUNERAL DIRECTOR , ADDRESS , A
AUG 24 1965 Of Color E. John Wall 18
VS 150-REV. 1/1/65



of death Deceased

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IMPORTANT

DIRECTOR:

FUNERAL

medical

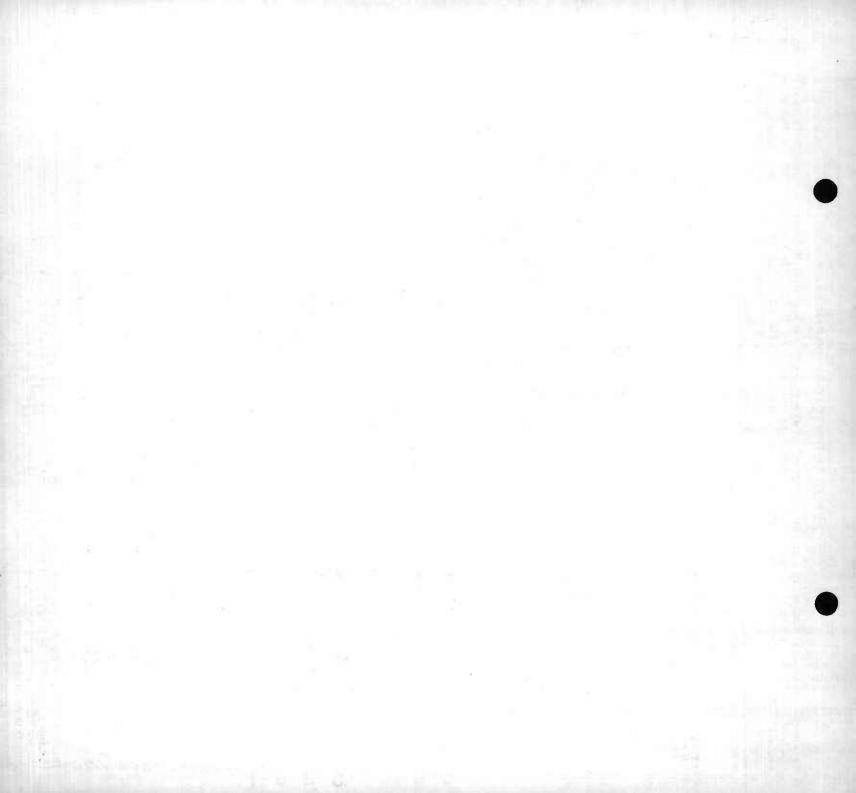
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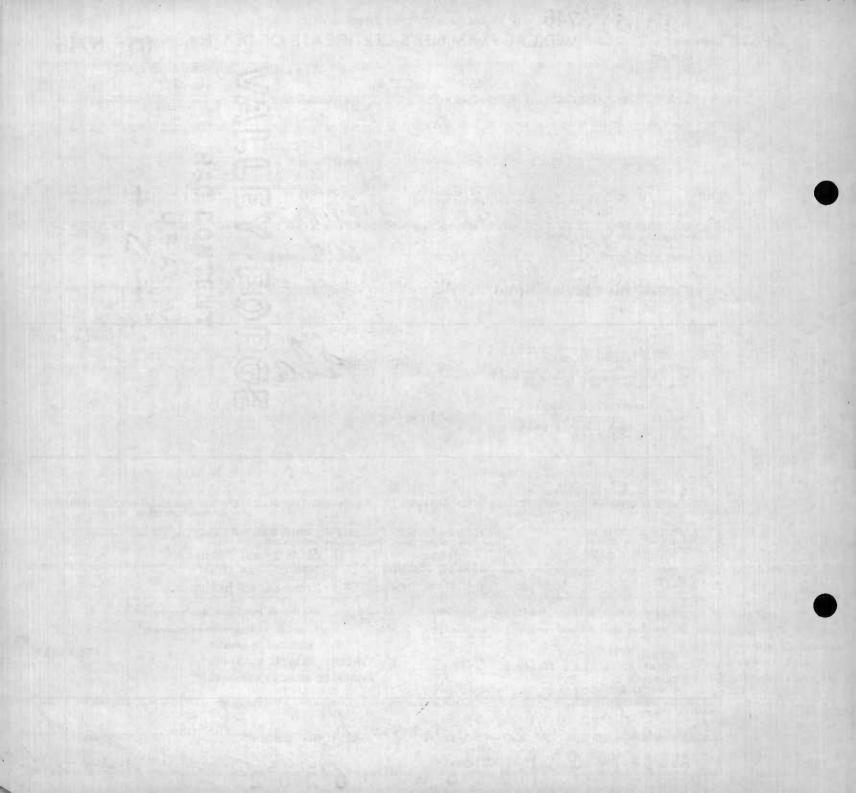
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hospital

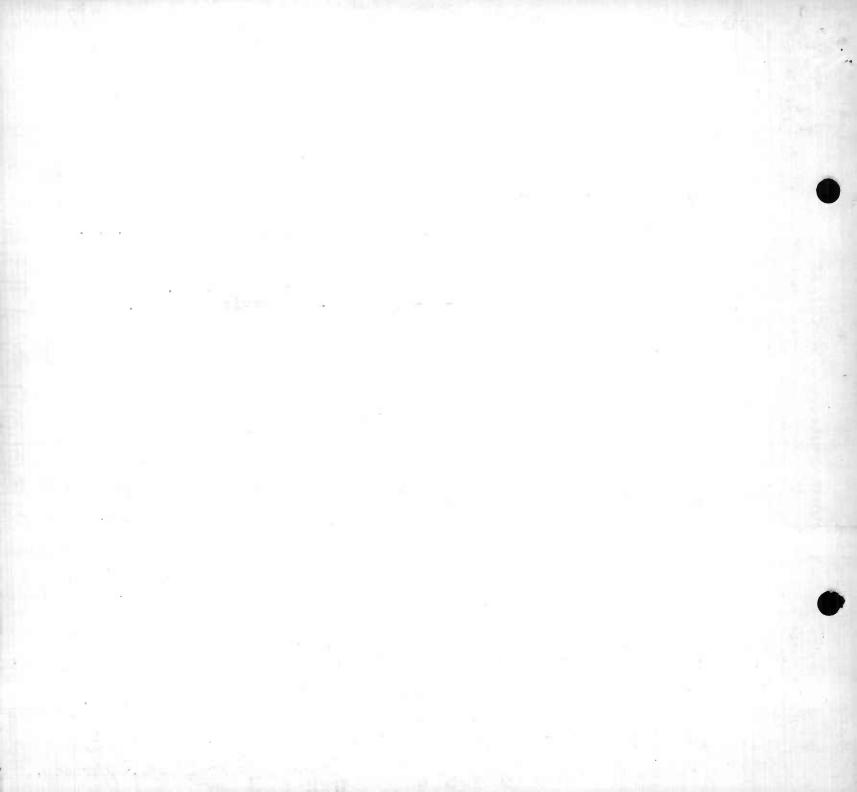


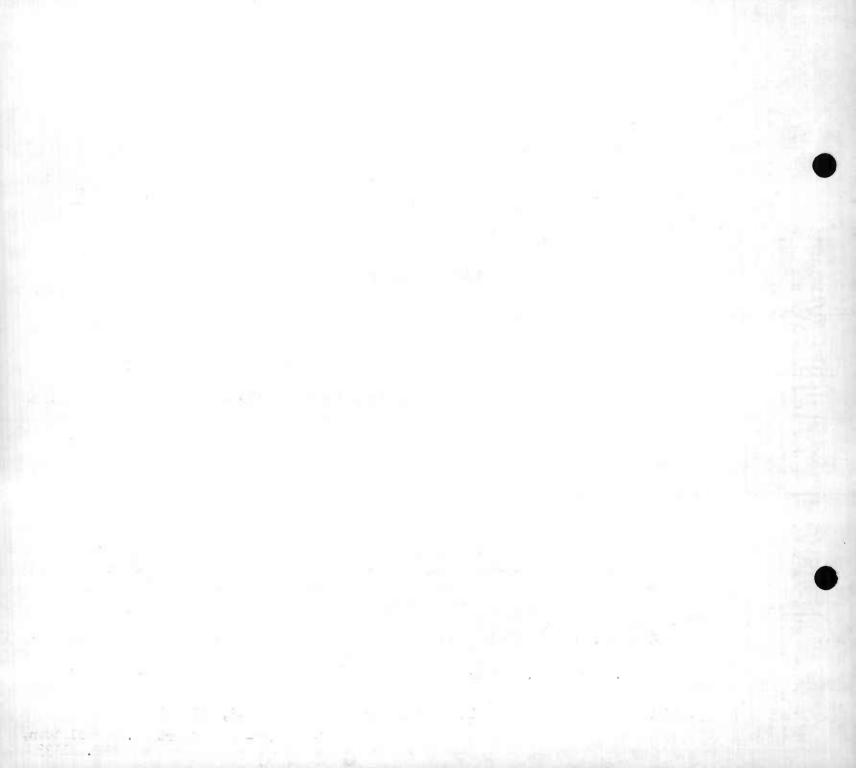
VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) JOHN ANDREW HAINES August 19, 1965 12:30 P 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) ADDRESS OR LOCATION) Baltimore Baltimore City Hospitals D. STREET ADDRESS (If rural, give location) 6109 Toone Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours WIDOWED, DIVORCED (specify) last birthday Male White ISA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS BIRTHPLACE (State or foreign country) 12. CITIZEN, OF WHAT COUNTRY dane during mast of walking lite oven it retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 7. INFORMAN ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ar unknown), (If yes, give war ar datas of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Drowning. (This does not made the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO ANTECENDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes MEDICAL 21B, PLACE OF INJURY (e.g., in ar about 21C, WHERE DID (If in Baltimare City, give exact location) hame, farm, factory, street, alfice bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 6109 Toone Street Home 21D TIME (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Manth) (Day) (Haur) OF INJURY (APPROX.) 19 65 WHILE AT NOT WHILE Drowned in bathtub. m. WORK Inspection Autopsy I certify that I held on Inquiry and that on this bosis, death in my opinion resulted from: Notural couses Accident 7 Sulcide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER ru SIGNATURE 8/19/65 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION City, tawn, ar county) (State) REMOVAL (Spacify) 24A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR 4C. FUNERAL DIRECTOR ADDRESS

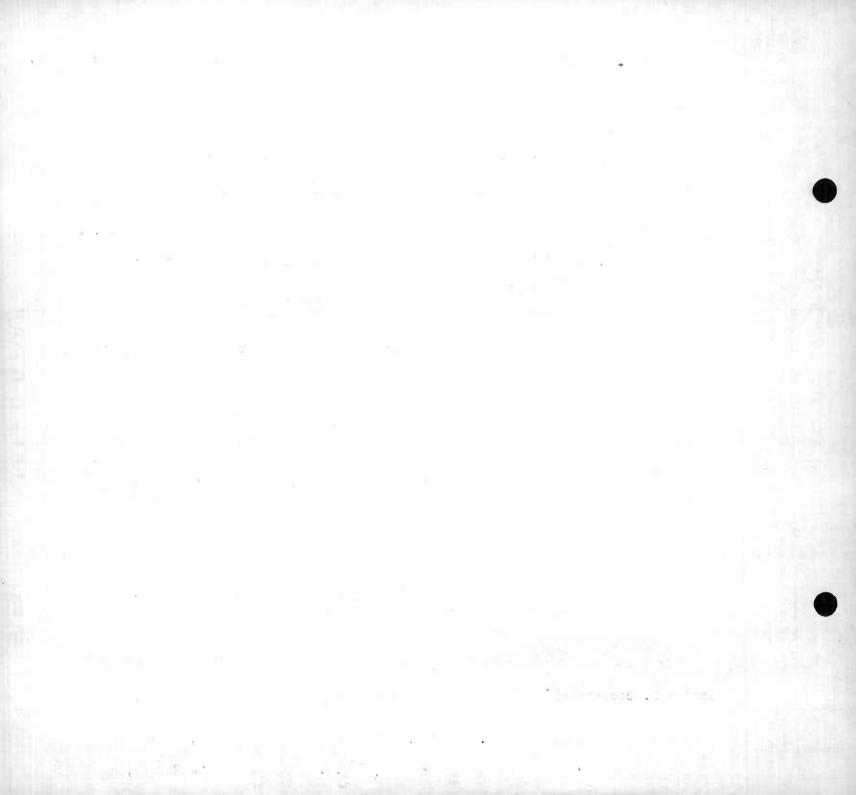


the d	M.E. CASE NO.	CATE OF DEATH Registered No. 6.5 8747	En
S C S	(Type or Print) ROY E DIAL	8/22/65 /2:	T.
- Pool	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution: residence befo	ore odmi
dec dec	FULL NAME OF (II not in hospital or institution, give street	MARYLAND HARFORD	
, ie	HOSPITAL OR oddress or tocotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give townsh	hip)
1 6 5	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
d ca d ca prio		700 W. BELAIR AVE	
0 0 0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		Jnder 24
rmir egul ased s mo	MALE WHITE WIDOWED (specify	3-17-95 lost binhdoy/ Months Doys Hour	rs M
0 0 - 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	Y?
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was the d spositi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	MI:
t) y + sq si	AMON DIAL	LYDIA ROE	
die h	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
dear nce final	No 295-10-01	Aberdeen, Md.	
700	+/2 ±0 0±		
nce and do	DISEASE OF CONDITION DIRECTLY	(RESP. INSUFF.) INTERVAL BI	DEAT
a the	LEADING TO DEATH	INTESTINAL OBSTRUCTION	
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T B E	injury ar complication which coused death,) ANTECEDENT CALISES (B)	ILEUS	
999	DUE TO		
3 - 5		PNEVMONIA	
s ii	UNDERLYING CONDITION lost.		
3 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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re	EB 8120/63 I INTEST. GANGRE	~ VES	
efo	OR CONTRIBUTING CAUSE OF home, form, foctory, street	.g., in at about TC. WHERE DID (II in Boltimate City, give exact locati t, office bldg., NJURY OCCUR?	tion)
Se			
9 9	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY White At \(\sum \) Not	21F. HOW DID INJURY OCCUR?	
a d d	(APPROX.) Work At \		
an	22. I certify that (I) (this hospital) attended the deceased fram	8/2/ 1965 to + 22	19 6
pe,	that (I) (we) last saw the deceased alive an 0/2/	19and that In(my) (aur) apinian death accurred	l an th
	and haur and fram the causes stated above. (1) (We) (did) (did n		1.9
dea	23A. SIGNATURE	Attending Med. Stott 238, DATE SGNED	1,-
₽ -	Juce Wesomon"	Phys. Director Phys.	65
prior	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS	
approval	DRUCE IV. VV 3 37 1700	Baltimore, Md.	
ם ס	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specily)	CREMATORY 24D. LOCATION (City, town, or county)	(5)
	Removal 8-22-65 Sunset Memo	mial Dank Manth Olmatand Ohio	
ten		orial Park North Olmstead, Ohio	
deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	Parring Funeral Home, Aberd	55





VS 150-REV. 1/1/65



FULL NAME OF HOSPITAL OR INSTITUTION

female.

F DEATH Registered No.

	BIRTH NO.	MEDICAL EXAMINER'S	CERTIFICATE
0	M.E. CASE NO.		
K-312	1. NAME OF DECEASED		2. DATE
10 300	trype or min	ANNA RAMANAUSKAS	20
	3 PLACE IN BALTIMORE	MARYLAND WHERE PRONOLINGED DEAD	TA HISHAL DESIDENCE /W/

AND HOUR PRONOUNCED DEAD 8:30 p. M. August 1965 here decaosed lived. Il institution: residenca belara admission)

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

WIDOWED, DIVORCED (specify)

WIDOWED

B. COUNTY Mary land C. CITY OR TOWN (If autsida carporate limits, write RURAL and give township)

South Baltimore General Hospital

Baltimore D. STREET ADDRESS (Il rural, give location)

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED

10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR

8. DATE OF BIRTH 9. AGE An years

1613 Filbert St.

Months, Days, Hours, Min. 12. CITIZEN OF WHAT COUNTRY?

done during most al warking life, even il retired) HOUSE WIFE 13. FATHER'S NAME

Cauc.

4. MOTHER'S MAIDEN NAME

ADDRESS 130 N. SYMINGTON AVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wer or dates of service)

16. SOCIAL SECURITY NO. NONE

VINCENT RAMAN

(A) Arteriosclerotic heart disease

BALTO, MD. 21228 INTERVAL BETWEEN

If Under 1 Yr. If Under 24 Hrs.

LITHUANIA .

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, a.g., heart loilure, asthenia, etc. It means the disease, injury or camplication which coused doath.)

DUE TO

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no

MEDICAL 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

CERTIFICATION

21B, PLACE OF INJURY (a.g., in ar about 21C, WHERE DID (If in Boltimare City, give exact location) home, form, foctory, street, affice bldg., INJURY OCCUR?

21D TIME OF INJURY

21 E. INJURY OCCURRED m. WHILE AT NOT WHILE 21F. HOW DID INJURY OCCUR?

22. I certify that I held an Inquiry

Inspection Accident

Autopsy

CAUSE OF DEATH

and that an this basis, death In my apinlan

Undetermined manner

resulted from: Natural causes

Suicide Hamicide CHIEF MEDICAL EXAMINER

DATE SIGNED

(City, town, or county)

ACTUAL out SIGNATURE EXAMINER'S Charles S. Petty

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

8/21/65

NAME (Type) 23A, BURIAL CREMATION, REMOVAL (Specify)

23C. NAME of CEMETERY or CREMATORY HOLY CROSS

ANNE ARUNDEL

23D. LOCATION

CO. MD.

24A, DATE REC'D BY HEALTH DEPT.

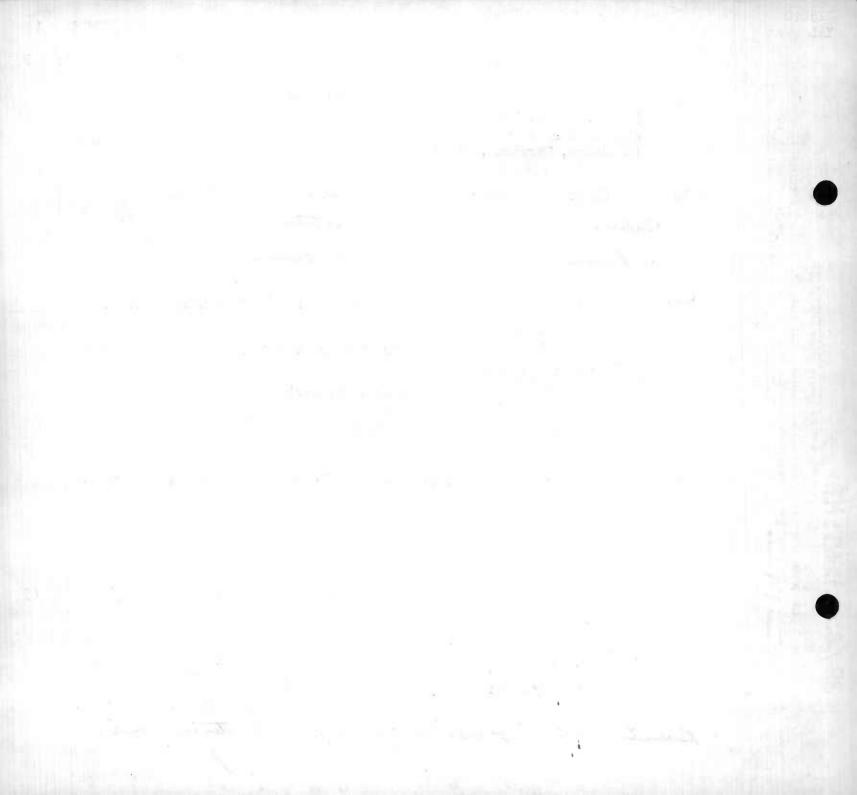
24C. FUNERAL DIRECTOR . 2007 Eastern ave Wm. a. Fialkowske Balto, md. 21231

VS 151-REV, 1/1/65

CEM.

BIRTAL P. B. J. F. W.D. JORGES CENT . BANK DEWLES CO. T. B.

	ype or Print)		TATE COADA		2. DA1	E AND HOUR OF DEATH	4:00 F
3.	PLACE OF	DEATH IN BALTIMORE	UALE SPADA		14. USUAL RESIDENCE	8/20/65	stitution: residence before admissi
	.,				A, STATE B. C	OUNTY	1 / _ / \
١.	FULL NAM	E OF (If not in hos	spital or institution,	give street	Maryland		1010
	INSTITUTION	N Baltimore	City Hospi	tal		(If outside city limits, write	RURAL ond give township)
1	1	4940 Easte	rn Avenue		Baltimore D. STREET ADDRESS	(If rural, give location)	
1	/	Baltimore,	Maryland,	21224		the state of the s	
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , II Under 24 H
ш			WIDOWE	D, DIVORCED (specily)	1 45 00	lost birthdoy)	Months Doys Hours Min,
-	Male	CCUPATION (Give kind of	Seps	rated BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	87 yrs	12. CITIZEN OF
d	one during most	t of working life, even if ref	tired)		Italy	, totalgii dovini,	WHAT COUNTRY?
		Baker,					
1	3. FATHERS N	NAME			14. MOTHER'S MAIDEN	NAME	
		Unknown			Unknow	~	
13	. Wos Decea	ised Ever in U. S. Arme own)(II yes, give wor o	ed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
11	NO.	January Con Give wor o	2103 0. 3017(60)	JECORITI NO.	RECORDS. B	CH 4940 Easter	n Amenije
-	18. / 0			CAUSE O		on 4740 Baster	INTERVAL BETWEEN
	100	EASE OR CONDITION	N DIRECTLY				ONSET AND DEATH
	D13	LEADING TO DE		(A) Hei	nary Tract In	fection	1 Week
		s not mean the mad		DUE TO		***************************************	
	injury at	ure, asthenia, etc. It m camplication which co	ivsed death.)				
		ANTECEDENT CA	USES	(B) Ur	ethral Strict	ures	8 Years
	DISEASES	OR CONDITIONS,	if any, giving				
	rise to	the above cause	(A) slaling the		\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	UNDERLI	ING CONDITION las	16				
1	-	GNIFICANT CONDITIO	NS CONTRIBUTION	G			2006
11.2	OTHER SI			r .			
	OTHER SI	DEATH BUT NOT		Janndice -	possible Stal	azine l'ovicitu	1 Week
	TO THE	DEATH BUT NOT OR CONDITION CAUS OF OPERATION 198.	CONDITION FOR	Jaundice -	possible Stel	azine Toxicity	1 Week
		DEATH BUT NOT OR CONDITION CAUS OF OPERATION 198.	ING IT.	Jaundice -	possible Stel 20 A. AUTOPSY? (Yes Yes	or No. 20B. IF YES, WERE IN CERTIFYING CA	1 Week FINDINGS CONSIDERED USES OF DEATH? Yes
	19A. DATE	OF OPERATION 198.	CONDITION FOR S PERFORMED		Yes	IN CERTIFYING CA	USES OF DEATH?
	19A. DATE 21A. ACCI OR CONTI	DEATH BUT NOT OR CONDITION CAUS OF OPERATION 198.	CONDITION FOR S PERFORMED	PLACE OF INJURY (e.g., in	Yes	IN CERTIFYING CA	Yes Yes
1000000	19A. DATE 21A. ACCI OR CONTI	DEATH BUT NOT OR CONDITION CAUS OF OPERATION 19B. WAS IDENT WAS UNDERLY! RIBUTING CAUSE Of coily medicol examines) (Month) (Doy) (ING IT. CONDITION FOR S PERFORMED NG 21E hor etc.	PLACE OF INJURY (e.g., in	Yes	IN CERTIFYING CA	Yes Yes
	19A. DATE 21A. ACCI OR CONTI DEATH (no 21D. TIME OF INJURY	DEATH BUT NOT OR CONDITION CAUS OF OPERATION 19B. WAS IDENT WAS UNDERLY! RIBUTING CAUSE Of coily medicol examines) (Month) (Doy) (NG T 21E hor etc. Year) (Hour) 21E WH	PLACE OF INJURY (e.g., in the control of the contro	Yes n or obout 21C. WHERE D liftice bidg., INJURY OCCU	IN CERTIFING CA	Yes Yes
	19A. DATE 21A. ACCION CONTINUE DEATH (no 21D. TIME OF INJURY (APPROX.)	DEATH BUT NOT OR CONDITION CAUS OF OPERATION 198. WAS UNDERLY! RIBUTING CAUSE Of cotify medical examines) (Month) (Doy) (NG The second state of the second sec	L PLACE OF INJURY (e.g., ine, lorm, foctory, street, of the control of the contro	Yes n or obout 21C. WHERE D lifice bldg. INJURY OCCL	IN CERTIFYING CA	Yes City, give exect lecotion)
ained before the	19A. DATE 21A. ACCION CONTINUE 21D. TIME OF INJURY (APPROX.) 22. I cert	DEATH BUT NOT OR CONDITION CAUSE OF OPERATION 198. WA: IDENT WAS UNDERLY! RIBUTING CAUSE Of ohily medical examines (Month) (Doy) (tify that (I) (this has	NG TABLE TO THE PROPERTY OF TH	PLACE OF INJURY (e.g., in the control of the contro	Yes n or obout 21C. WHERE D line bidg. INJURY OCCL 21F. HOW DII	IN CERTIFYING CA	Yes City, give exact location)
	19A. DATE 21A. ACCION CONTINUE 21D. TIME OF INJURY (APPROX.) 22. I cert	DEATH BUT NOT OR CONDITION CAUS OF OPERATION 198. WAS UNDERLY! RIBUTING CAUSE Of cotify medical examines) (Month) (Doy) (NG TABLE TO THE PROPERTY OF TH	PLACE OF INJURY (e.g., inee, lorm, foctory, street, of a lord, street, str	Yes n or obout 21C. WHERE D line bidg. INJURY OCCL 21F. HOW DII	IN CERTIFYING CA	Yes City, give exoct locotion)
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1000000	19A. DATE 21A. ACCI OR CONTI DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I cert that (I) (v and house	DEATH BUT NOT OR CONDITION CAUS OF OPERATION 198. WAS IDENT WAS UNDERLY! RIBUTING CAUSE Of oily medicol examines) (Month) (Doy) (tify that (I) (this has we) last saw the december of the causes.	Year) (Hour) 21E W. W. Capital) attended to cased alive an	PLACE OF INJURY (e.g., ine, lorm, foctory, street, of a lorm, foctory, street, of a lord lord lord lord lord lord lord lord	Yes nor obout 21C. WHERE Defice bidg. INJURY OCCU	IN CERTIFYING CA	Yes City, give exact location) 8/20 19 6
0 0 0	19A. DATE 21A. ACCI OR CONTI DEATH (no OF INJURY) (APPROX.) 22. I cert that (I) (v and hour 23A SIGN)	DEATH BUT NOT OR CONDITION CAUS OF OPERATION IDENT WAS UNDERLY! RIBUTING CAUSE Of oily medicol examines) (Month) (Doy) (tify that (I) (this has we) last saw the decomposition of the causes of th	Year) (Hour) 21E Year) (Hour) 21E Seased alive an stated abave. (PLACE OF INJURY (e.g., ine, lorm, foctory, street, of) INJURY OCCURRED At Work he deceased from (We) (dld) (did not) v M.D. Atte	Yes nor obout 21C. WHERE Defice bidg. INJURY OCCU	IN CERTIFYING CA	Yes City, give exact location) 8/20 19 6
	19A. DATE 21A. ACCI OR CONTI DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I cert that (I) (v and house	DEATH BUT NOT OR CONDITION CAUS OF OPERATION IDENT WAS UNDERLY! RIBUTING CAUSE Of oily medicol examines) (Month) (Doy) (tify that (I) (this has we) last saw the decomposition of the causes of th	Year) (Hour) 21E W. W. Capital) attended to cased alive an	PLACE OF INJURY (e.g., ine, lorm, foctory, street, of) INJURY OCCURRED At Work he deceased from (We) (dld) (did not) v M.D. Atte	Yes n or obout 21C. WHERE D line bldg. INJURY OCCU 21F. HOW DII 2/21 19 65 a riew the bady after de ending Med. Director 23D. ADDRESS	IN CERTIFFING CA	8/20 19 6 nian death accurred an the a
	19A. DATE 21A. ACCI OR CONTI DEATH (no DEATH (no CAPPROX.) 22. I cert that (I) (v and haup 23A. SIGN) 23C. PHYSI NAM	DEATH BUT NOT OR CONDITION CAUSE OF OPERATION 198. WAS UNDERLY! RIBUTING CAUSE Of oily medicol examines) (Month) (Doy) (tify that (I) (this has we) last saw the declar than the causes at ure and from the causes at ure CIAN'S E (Type) David	Year) (Hour) 21E reased alive an stated abave. (P. Curtis	INJURY OCCURRED ille AI Not While At Work he deceased from 8/20 I) (We) (did) (did not) v M.D. Atterby he Description of the physical content of th	Yes nor obout 21C. WHERE Diffice bidg. INJURY OCCU 21F. HOW DIII 2/21 19 65 an wiew the bady after de anding Med. Director 23D. ADDRESS	IN CERTIFFING CA	S/20 19 6. mian death accurred an the december 8/20/65
	19A. DATE 21A. ACCI OF CONTI DEATH (no DEATH (DEATH BUT NOT OR CONDITION CAUSE OF OPERATION 198. WAS UNDERLY! RIBUTING CAUSE Of oily medicol examines) (Month) (Doy) (tify that (I) (this has we) last saw the decay of the causes	Year) (Hour) 21E Year) (Hour) 21E Seased alive an stated above. (P. Curti:	PLACE OF INJURY (e.g., ine, lorm, foctory, street, of the lorm, foctory, street, of the lord, street, or the lord, street, lord, street, or the lord, street	Yes nor obout 21C. WHERE Diffice bidg. INJURY OCCU 21F. HOW DIT 2/21 19 65 an wiew the bady after de s. Med. Director 23D. ADDRESS 14040 Fast.	IN CERTIFFING CA	S/20 19 67 nian death accurred an the death accurred and the death accurred accurred accurred and the death accurred
2	19A. DATE 21A. ACCI OF CONTI DEATH (no DEATH (DEATH BUT NOT OR CONDITION CAUSE OF OPERATION 198. WAS UNDERLY! RIBUTING CAUSE Of control CAUSE Of cause o	Year) (Hour) 21E With the cased alive an stated above. (P. Curti: TE 24C.N 3 - CJ 24C.N	APLACE OF INJURY (e.g., ine, lorm, foctory, street, of the local part of the local p	Yes nor obout 21C. WHERE Diffice bidg. INJURY OCCU 21F. HOW DIff 2/21 19 65 in or obout 21C. WHERE Diffice bidg. INJURY OCCU 21F. HOW DIff 2/21 23D. ADDRESS 4940 Fast. EMATORY 22 23D. ADDRESS	IN CERTIFYING CA	Secity, give exact locotion) 8/20 19 6: 238. DATE SIGNED 8/20/65 21timore Mary 1y, town, or county) (Stote
ten approval must be obtained before the	19A. DATE 21A. ACCI OF CONTI DEATH (no DEATH (DEATH BUT NOT OR CONDITION CAUSE OF OPERATION 198. WAS UNDERLY! RIBUTING CAUSE Of oily medicol examines) (Month) (Doy) (tify that (I) (this has we) last saw the decay of the causes	Year) (Hour) 21E With the cased alive an stated above. (P. Curti: TE 24C.N 3 - CJ 24C.N	PLACE OF INJURY (e.g., ine, lorm, foctory, street, of the lorm, foctory, street, of the lord, street, or the lord, street, lord, street, or the lord, street	Yes nor obout 21C. WHERE Diffice bidg. INJURY OCCU 21F. HOW DIT 2/21 19 65 an wiew the bady after de s. Med. Director 23D. ADDRESS 14040 Fast.	IN CERTIFYING CA	S/20 19 60 altimore, Mary



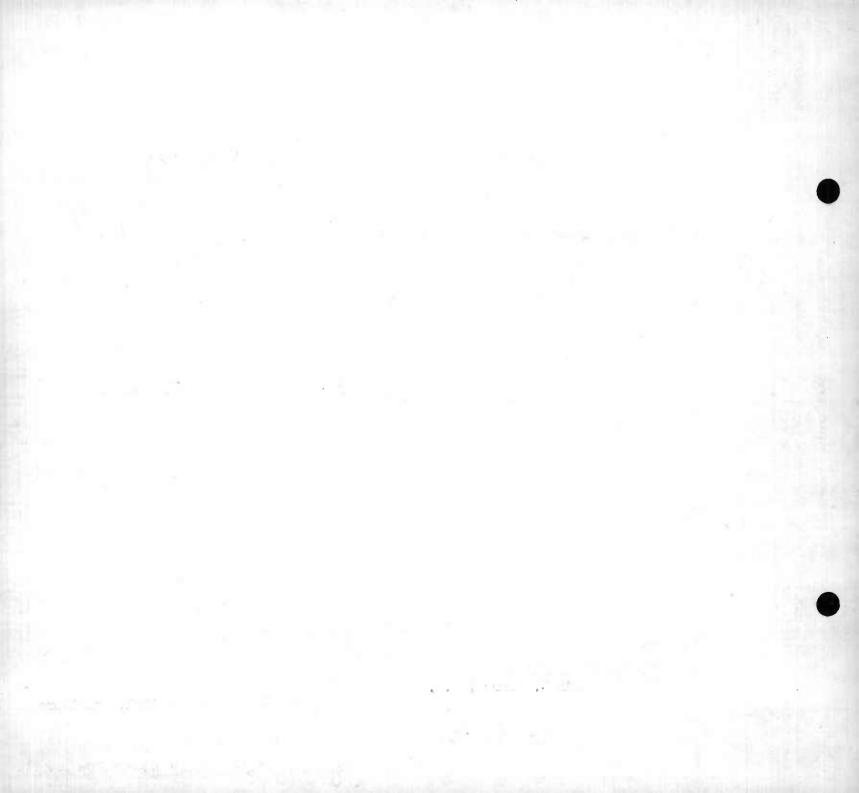
4 5 6 4 5 6 4 5 6 4 5 6 6 6 6 6 6 6 6 6	M.E. CASE NO.	TIFICATE OF DEATH Registered No. D. 8752
de de cea	I. NAME OF DECEASED Type or Print) NORMAN G. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH S-20-65 [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss
hosp Jse (5) E lance dea	FULL NAME OF (If not in hospital or institution, give street hospital OR oddress or location)	A. STATE B. COUNTY MARYLAND CARROLL C. CITY OR TOWN (If outside city limits, write RURAL and give township)
a in a h ng cau cause; attende	THE JOHNS HOPKINS HOSPITAL	SYKESVILLE 5600
D.= L.		HODGES ROAD BOX 35
ntril mirmirmirmirmirmirmirmirmirmirmirmirmirm	6. RACE 7. MARRIED, NEVER MAR WIDOWED, DIVORCED WIDOWED	(specify) 4-23-03 lost birthdoy Months Doys Hours Min
ndeter s in redeter	Stone MASOn Building	MARYIAND
D + D B 0 8	3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
irect (4) (4) the lispo	ALAN COLLINS	ALVERTA DORSEY
E D 5 2 2 1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or winknown) (If yes, give war or dotes of service) SECURIT	17. INFORMANT ADDRESS
the the de de line		8-0368 MRS. Charles Obson Sykesuill
any ced ndan	18.33/XI	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
Also, and	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	A) CARDIAC ARREST USMIN.
fractur fractur o pror gular embal	heort foilure, ostherio, etc. It means the disease, injury or complication which caused death.)	B ? BRAIN STEM CUA 50AB
medical exc ledical exar burns; (3) A hysician wl n was in r remains are	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION tost.	C)
F . 0.0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	SCLERODERMA
chie Bod the ysic e th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF 1	YES IN CERTIFYING CAUSES OF DEATH?
4 = 2 = 4	OR CONTRIBUTING CAUSE OF home, form, foctor	NJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) my, street, office bldg., NJURY OCCUR?
hospite nature; ept wh d (6) No ained b	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OC While At Work	Not While At Work
any (exc	22. I certify that (1) (this hospital) attended the deceased that (1) (we) last saw the deceased alive an	1 fram 8 10 1965 to 8 20 19 6 20 19 65 and that in(my) (aur) apinion death accurred an the
eased to ident of hospital beath)	and haur and from the causes stated above, (!) (We) (did)	
ust be eased ident hospit o deat must	23A. SIGNATURE	23R DATE SIGNED
WELLER		M.D. Attending Med. Stoff Phys.
E O U D F O	ashly 1. House	
ac a	23C. PHYSICIANS NAME (Type) AS LALEY TO LARSE	M.D. JOHNS HOPKINS HOSPITAL
was related An acc	ASHLEY TILLARSE	23D. ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT



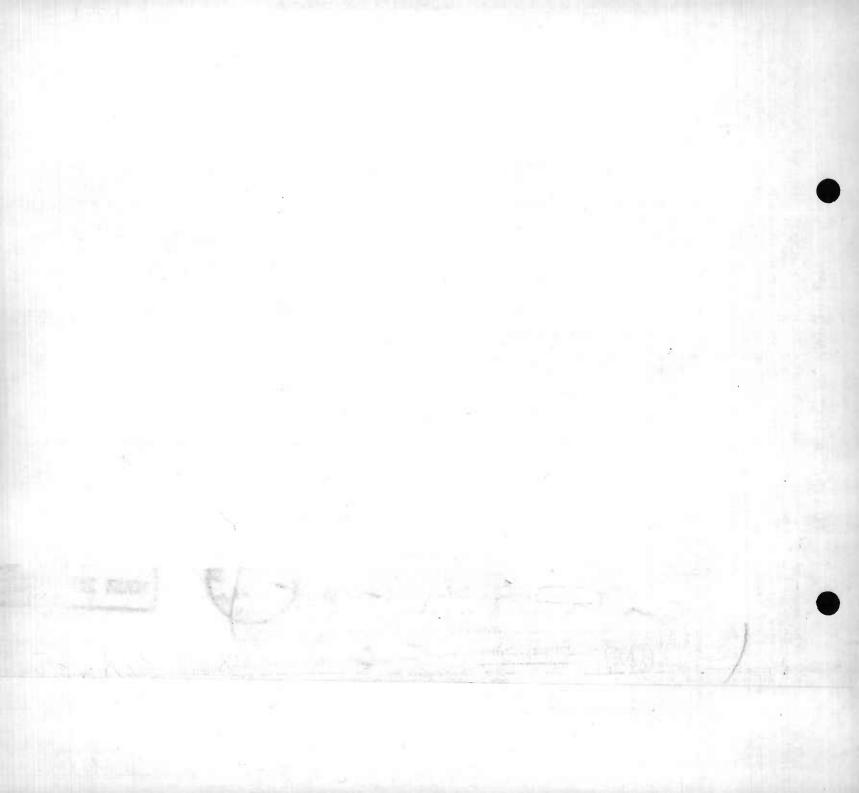
DIRECTOR:

FUNERAL



- (556	, 1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	if death occurre ect or contribut 4) Undetermined	was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased prior
FUNERAL DIRECTOR: IMPORTANT	or his assistant Also, if the dir are of any kind; (attendance on
L DIRECTOR:	edical examiner. dical examiner. rns; (3) A fractu	rsician who pro was in regular
FUNERA	by the chief mespital by a mecure; (2) Body bu	where the phy) No physician
•	ust be approved ased to the hos dent of any nat	ospital (except death); and (6
	s certificate mu body was rele ws: (1) An accid	teased prior to
	Thi the sho	¥ de

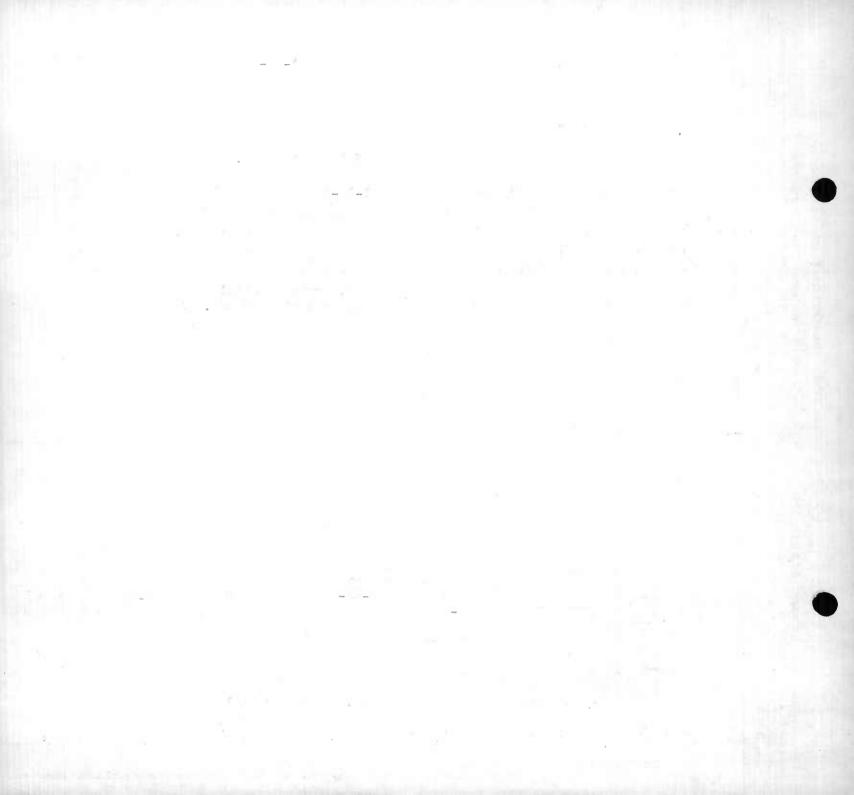
		CEDTIELCA	TE OF DEATH	C 1	5 8754
	н но. 63 8/34	CERTIFICA	TE OF DEATH	Registered Na S	
1, N	AME OF DECEASED	10	2. DATE AN	D HOUR OF DEATH	1 10
(Тур	" or Print Boerner, Bab	4 Boy	21V	Luc 65	1340
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	1,000	4. USUAL RESIDENCE (Whe	e deceased fived. Il inst	itution: residence before odmis
			A. STATE B. COUN		5-30
F	TULL NAME OF (If not in hospital or institution, give oddress or location)	streol	C. CITY OR TOWN (If our	tside city limits, write RU	PAI and sine towardial
in.	NSTITUTION	1 (1	Po to total	iside city limits, write ku	CAL one give township)
1	University of Maryl	and Hara		rurol, give location)	20
	1 1 1 1 1 1 1	0	0342	Cil	A
5. S	EX 6. RACE 7. MARRIED, NEV	FR MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Undor 1 Yr. II Undor 24
M		VORCED (specify)		lost birthdoy)	If Under 1 Yr. II Under 24 Months Doys Hours Mi
V	Tale Come. NI		20/14/65		1 5 3
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Spate or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Intant.		md.		USH
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME ,	
1	2000 - 1)	10	Bak. 1	0- 1/-	1000
15.	Wos Deceased Ever in U. S. Armod Forces?	SOCIAL	17. INFORMANT	Can I've	ADDRESS
(Yes		SECURITY NO.	r +1		
~	140	-	1-a11190	~ - OH	me
	1B. 754.51	CAUSE OF	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	0)1	11	11 1 1.	/1
	LEADING TO DEATH	IN CO	phaenilal	HEBUT dis	easy birt
	(This does not meen the mode al dying, e.g.,	-PGE TO			
	heart failure, asthenio, etc. It meons the disease,		1,		
		(2) <	the T	100	1
	heart failure, asthenio, etc. It meons the disease,	(2) <	situs In	1615185	MATERIA
	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(2) C	situs In	1612122	
	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	(C)	situs In	1642162	
	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving		situs In	1615165	
NO	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last.		situs In	1615165	
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U	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)			HDINGS CONSIDERED LES OF DEATH?
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AL CERTIFIC	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21B. PLA	CH OPERATION CE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	ES OF DEATH?
ICAL CERTIFIC	hearl failure, ashenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING Anome, to etc.)	CE OF INJURY (e.g., in foctory, street, off	20 A. AUTOPSY? (Yes or No J & S n or obbut 21 C. WHERE DID fice bidg., INJURY OCCUR?	OB. IF YES, WERE FIN CERTIFYING CAUS	ES OF DEATH?
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EDICAL CERTIFIC	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the obave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING AND CONTRIBUTING CAUSE OF BEATH (notify modical examiner) 21B. PLA home, to etc.)	CE OF INJURY (e.g., in foctory, street, off	20 A. AUTOPSY? (Yes or No Jest or obbut 21 C. WHERE DID fice bldg., INJURY OCCUR?	OB. IF YES, WERE FIN CERTIFYING CAUS	ES OF DEATH?
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MEDICAL CERTIFIC	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJ) (APPROX.) 22. I certify that (1) (this hospital) attended the distance of the couse stated abave (1) (W. 23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type) DEATH (Type) (1) (W. 24B. DATE) (24C. NAME (Type)) (Specify) (24B. DATE) (24C. NAME (Type)) (Specify) (24C. NAME (Type)) (Specify) (24C. NAME (Type)) (1) (W. 24B. DATE) (1) (W. 24B. DATE) (24C. NAME (Type)) (1) (W. 24B. DATE) (1) (W. 2	CE OF INJURY (e.g., in form, foctory, street, off the control of t	20A. AUTOPSY? (Yes or No US) n or obbut 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 2	URY OCCUR? 19 65 to at in(my) (aur) aplni Sholl Phys.	an death accurred an the
MEDICAL CERTIFIC	hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tise to the obave cause (A) stating the UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examinet) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJ OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended the detha (1) (we) last saw the deceased alive an and haur and fram the causes stated abave (1) (W. 23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) DEATH (Specify) 124B. DATE 124C. NAME OF REMOVAL (Specify) 125B. NAME OF REMOVAL (CE OF INJURY (e.g., in form, foctory, street, off the control of t	20A. AUTOPSY? (Yes or No George Processing of the Party o	URY OCCUR? 19 65 to at in(my) (aur) aplni Sholl Phys.	ES OF DEATH? City, give exect location) I May 19 6 an death accurred an the BAR DATE SIGNED Town, of county) (Sto

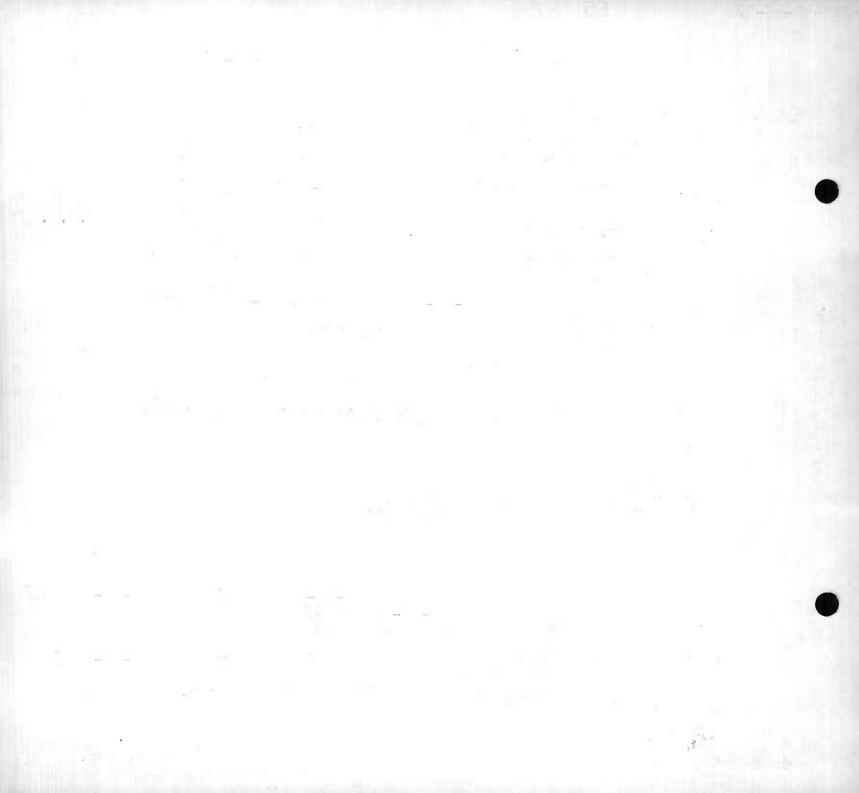


DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



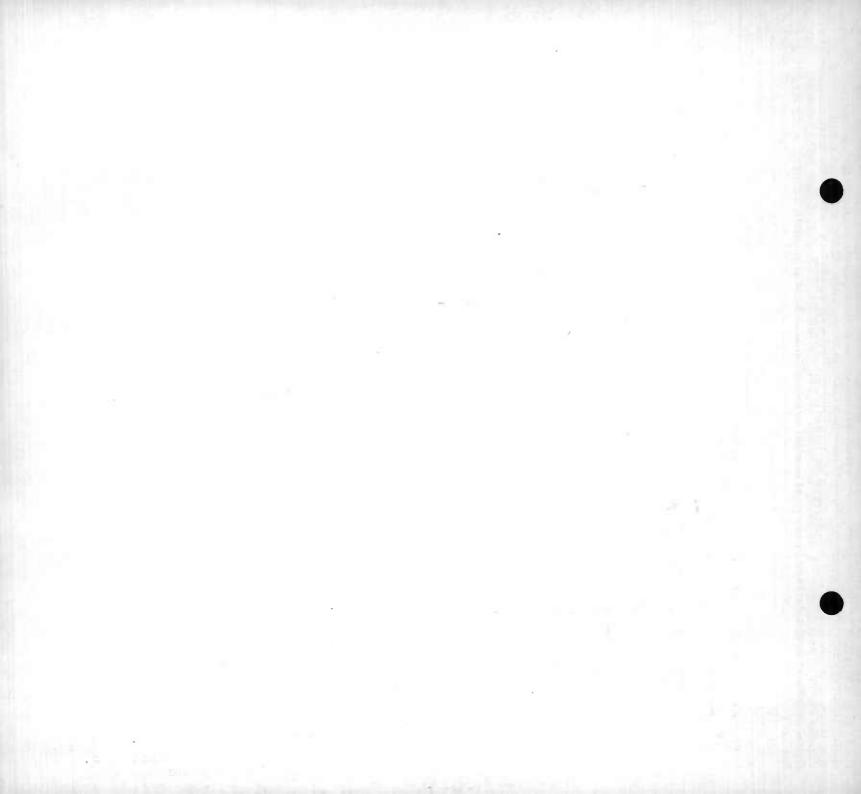


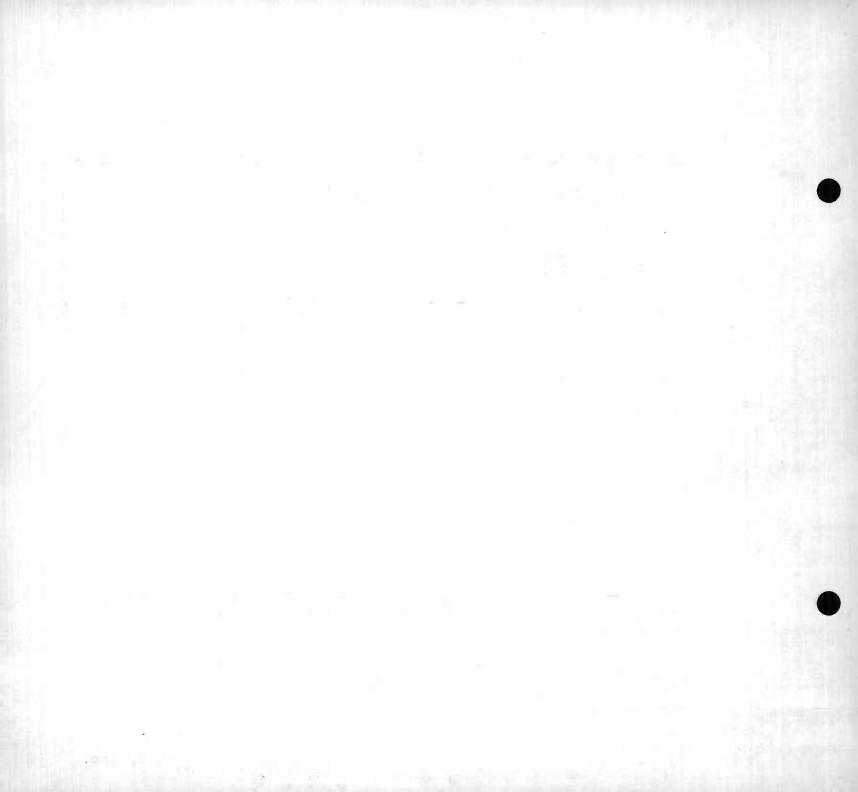
VS 151-REV. 1/1/65

3331 Brehms Lane #13

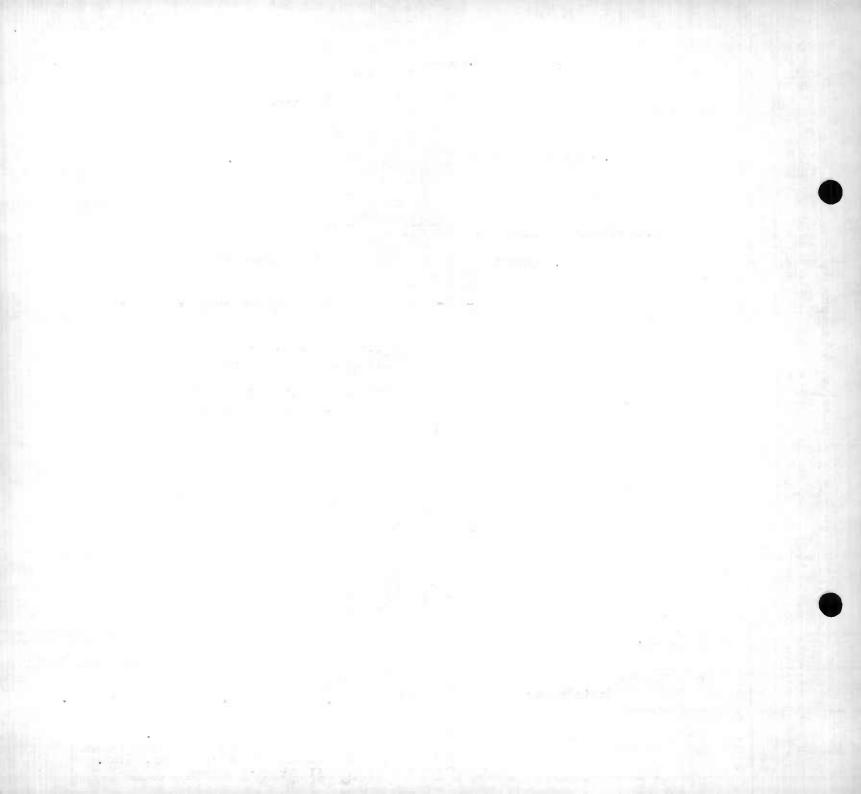
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1	65 8758 BALTIMORE CITY HEALTH DEPARTMENT	CE OPIED
-	BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No.	65 8758
1	1, NAME OF DECEASED 7 2, DATE AND HOUR OF DEATH	
	(Type or Print) Matthew McEnancy 8-21-65 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. It is	1 5 SO PM
3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. It is A. STATE B. COUNTY	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street)	X-01
	HOSPITAL OR oddress or locotion) C. CITY OR TOWN (If outside city limits, write	RURAL and give lownship)
į	Baltimore 13	
1	Maryland Transcord Has not of D. STREET ADDRESS (If rural, give location)	
	3022 Clifton Par	K Terrace
5	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M MIDOWED, DIVORCED (Specify) 11-12-02 62	Atomis Doys Hours Ivani,
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
đ	done during most of working life, even if retired) Retired Nat. Brewery Baltimore, Md	WHAT COUNTRY?
1	Retired Nat. Brewery 15 alt more, Md 13. FATHERS NAME 14. MOTHERS MAIDEN NAME	0314
	Thomas McEnaury Anna Rathman	
1	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS
	No 213-01-2230 Hospital Chart	
	18. 150 X 1 CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	
	(This does not mean the made all dying, e.g., heart failure, asthenia, etc. It means the disease,	
ı		
ı	ANTECEDENT CAUSES (B) Medicusting the	0 48644 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ı	DISEASES OR CONDITIONS, if any, giving .	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) Mediastinitis DUE TO C) Carcinoma of Esophagus	**************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1	2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFFING CA	FINDINGS CONSIDERED
i	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. Jain or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	e City, give exact location)
	DEATH (notify medical examiner)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) While At Not While	
	Work L Al Work L	
	22. I certify that (1) (this haspital) attended the deceased from Ducust 19 65 to A	. 2.d. 01 15 D. 292.W
	that (1) (we) last sow the deceased alive on August 21 19065 and that in (my) (our) opi	nian deoth occurred an the dote
	and haur and from the causes stated above (17)(We) (did) (did not) view the body after death.	
	23A. SIGNATURE	23 B. DATE SIGNED
	M.D. Allending Med. Stoff Phys. Director Phys.	8-21-65
	23C. PHYS(CIAN'S NAME-Type) 23D. ADDRESS	
	M.D. 827 Linden Ave	osis, 6M otisel,
2	24A. BURIAL CREMATION, [24B. DATE [24C. NAME of CEMETERY of CREMATORY [24D. LOCATION (C	ity, town, or county) (State)
ľ	REMOVAL (Specity)	
-	Burial 8/24/65 Holy Redeemer Cemetery Baltimore, 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Md.
2	Schimunek Funeral H	ome. Inc.
-	AUG 24 1965 A A C T A 3331 Brehms Lane	,
	IS 150 BEV 1/1//S	



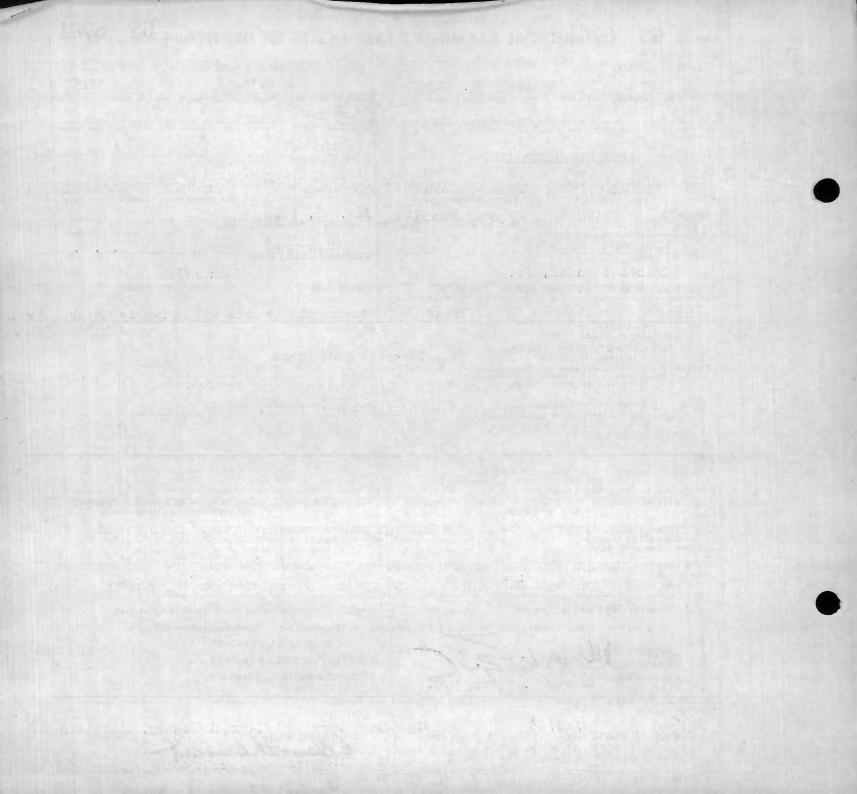


	65 876	BALTIMORE CIT	Y HEALTH DEPARTMEN		C) ##
BIRTH NO.	()()	CERTIFICA	TE OF DEAT	H Registered No.	65 8760
M.E. CASE NO.				E AND HOUR OF DEATH	
Type or Print)		Stanley George			
PLACE OF D	EATH IN BALTIMORE MAI		AU	gust 22 196	institution: residence before admission
TEACE OF E	PEATH IN BALTIMORE, MA	NICAND .	A. STATE B. C	OUNTY	Institution; residence before odmission
FULL NAME	OF (If not in hospital a	or institution, give street	Maryland		7003
HOSPITAL O	R address or location			If outside city limits, write	RURAL and give township
			Baltimore	21213	
			D. STREET ADDRESS	(If rural, give location)	•
	St. Josephs	Hospital	3319 Dudle	y Ave.	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
-1-	rehit o	WIDOWED, DIVORCED (specify)	11-20-1908	lost birthdoy)	Months Doys Hours Min.
ale	White	married 108, KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF
	of working life, even if retired)		Baltimore		WHAT COUNTRY?
heet Me	tal Worker	Lloyd E. Mitchell	Maryland		
FATHER'S N			14. MOTHERS MAIDEN		THE PROPERTY OF THE
	George R.	Knopp	Mary Do	onnelly	
Was Deces	ed Ever in U. S. Armed Ford		17. INFORMANT		ADDRESS
es, no or unkno	wn) (If yes, give wor or dotes	SECURITY NO.			
		215-05-4608	Mildred Re	ezek Knopp,	wife, above
18.	911 Y1	CAUSE	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY			ONSET AND DEATH
	LEADING TO DEATH			and distribute	
(This does	nat mean the mode of	dving e.g.	reinoma of th		
heart failur	e, asthenia, etc. It means	the disease,	ridespread met	astasis	
injury at c	amplication which coused		mana un autama	diegogo with	
	ANTECEDENT CAUSES	(本)	ronary artery		
DISEASES	OR CONDITIONS, if a	iny, giving C	ld myocardial	infarction	
	The obove cause (A) NG CONDITION lost.	stoling the (C)	Milyhii (1 mm m m m m m m m m m m m m m m m m m	****	
UNDEREIT	NO CONDITION 1881.				
	ll .				
	DEATH BUT NOT RELA				
DISEASE C	R CONDITION CAUSING IT		***		
19A.DATE	OF OPERATION 198. CONE	ORMED	20A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
E X			Yes	Yes	
J 121 A. A CCIE	DENT WAS UNDERLYING THE	21 B. PLACE OF INJURY (e.g., hame, form, factory, street,	office bldg. INTURY OCCU	ID (If in Boltime	ore City, give exact location)
DEATH (no	hify medical examiner)	etc.)	S. C.		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F HOW DIE	INJURY OCCUR?	
OF INJURY	CANONIAN (DOY) (1801)	While At Not Whi		HIJORI OCCUR:	
(APPROX)		Work At Work			
22. 1 certi	fy that (1) (this basnital)	ottended the deceased fram	August 22	19 65 to A	ugust 22 19 65
			65		
that (I) (w	e) last saw the decease	olive on Ruguou EE		id that in (my) (our) of	olnion death occurred on the d
and hour	and from the couses state	ed above. (1) (We) (did) (did nat)	view the bady after de-	oth.	
23A. SIGNA	TURE 100 Nr			23B. DATE SIGNED	
	Morom	tending Med.	Stoff Phys.	August 23, 1965	
23C.PHYSIC	TANES		23D. ADDRESS		8
NAME		80			03.03.0 3/3
		M.D.	1400 N. Carol	ine St. Balti	more 21213 Md.
AA. BURIAL C	REMATION, 248. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24	D. LOCATION	City, town, or county) (State)
Buri	- 1 - 1-1	5 Parkwood Ceme	terv	Baltimore,	Md.
JA. DATE REC	D BY HEALTH DEPT.	258, NAME OF REGISTRAR	Schimunek	Funeral Ho	me. Inc.
AUG !	2.4 1965 12 0.	Br Sosta leaman in		ehms Lane	
S 150-REV. 1/	1/65		7 0000	Q .	



VS 151-REV. 1/1/65

()	r onos		ALTIMORE CITY HEAL				65	27/24	
RTH NO.	5 8/6ME	DICAL EX	AMINER'S C	ERTIFICA1	TE OF D	EATH Registe	red No	0101	
LE CASE NO.									
ype or Print)	ECEASED		D			HOUR PRONOUNC	ED DEAD	11.55	70
PLACE IN RA	LTIMORE MARYLAND		R. HUDAK	TA LISTIAL PESID	8-19	-00 eceosed lived. If inst	itution: resid	11:55	1010
		, WHERE TRONGS	TOTAL DEAD	A. STATE Maryland		B. COU		one beidie de	
JLL NAME OF OSPITAL OR	(IF NOT IN HO		TION, GIVE STREET	C. CITY OR TOV	VN (If outside	corparate limits, write	RURAL on	d give tawnshi	p)
ISTITUTION				Baltimo:	re	74	-41		
	LUTHERAN H	HOSPITAL		D. STREET ADDR	ESS (If rural, g	ive location)	- ((
				4808 Lil	berty He	ights Aven	ue		
SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	1	9. AGE (In years lost birthday)		1 Yr. If Under Doys Hours	
Female	White		er Married	Jan. 15,	1956	Q			
A. USUAL OC	CUPATION (Give kind of	Work TOB. KIND OF	BUSINESS OR INDUSTR			country)	12. CITIZE	N OF COUNTRY?	
	of working life, even if retired.ident	eq)		Baltim	ore			S.A.	
FATHER'S NA		S S S S S S S S S S S S S S S S S S S		14. MOTHER'S M.					155
M	ichael Huda	k, Jr.		NE HEVE		Edmonds			
	SED EVER IN U.S. AR		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		None	Raymond	lo Aran	da 4808 Li	herty	Heights	AVE
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injury or c	camplication which cou	sed deoin.					14-14		
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RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A	STATING THE	DUE TO						
UNDERLY	YING CONDITION LA	ST,	(C)					*******************	
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	GNIFICANT CONDITIO						1702		
	OR CONDITION CAU		1E			****************		•••••••	
19A. DATE		CONDITION FOR V	VHICH OPERATION			OB, IF YES, WERE FILL		ATH?	-
OLA EVYERN	IAL CALLER WAS	1010	NACE OF INITIANY	Yes				Y	es
UNDERLYING	AL CAUSE WAS	home,	form, foctory, street,	office bldg., INJURY	OCCUR? L	iberty Heig	ghts' A	venue	
D IING L CA	AUSE OF DEATH.	letc.)	Street			of Howard	Park A	venue	
OF INJURY	(Month) (Doy)	9.30	E. INJURY OCCURRED		JULIN DID WO				
(APPROX.)	8 19 '	65 PM W	ORK NOT	WHILE X	Pedestri	an struck l	by aut	0	-41
22.	ertify that I held on	Inquiry 🗌	Inspection Au	topsy X one	that on this	basis, deoth in n	ny opinior		
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	TURE TO THE	1	M.D	ASSOCIATE M				8-20-6)5
	(Type) Wern	er U. Spit	z, M.D.	ASSOCIATE III	LDIGAL TA				
A. BURIAL C		E 236	. NAME OF CEMETERY	CREMATORY	23D. LO	CATION (City,	town, ar c	aunty) (Stotel
Burial		3/65	Lakeview C	Temetery	Ca	rroll Count	ty M	aryland	
	D BY HEALTH DEPT.		OF REGISTRAR	24C FUNER		h W	y, IVIA	DDRESS	
' AUG	24 1965 (1)	Dub E. 4	albert M.	Olls	with	Armacist	-		
S 151-REV. 1/	1/45	7/ //		Ellswo	rth Arr	nacost 460	U Libe	erty He	ights
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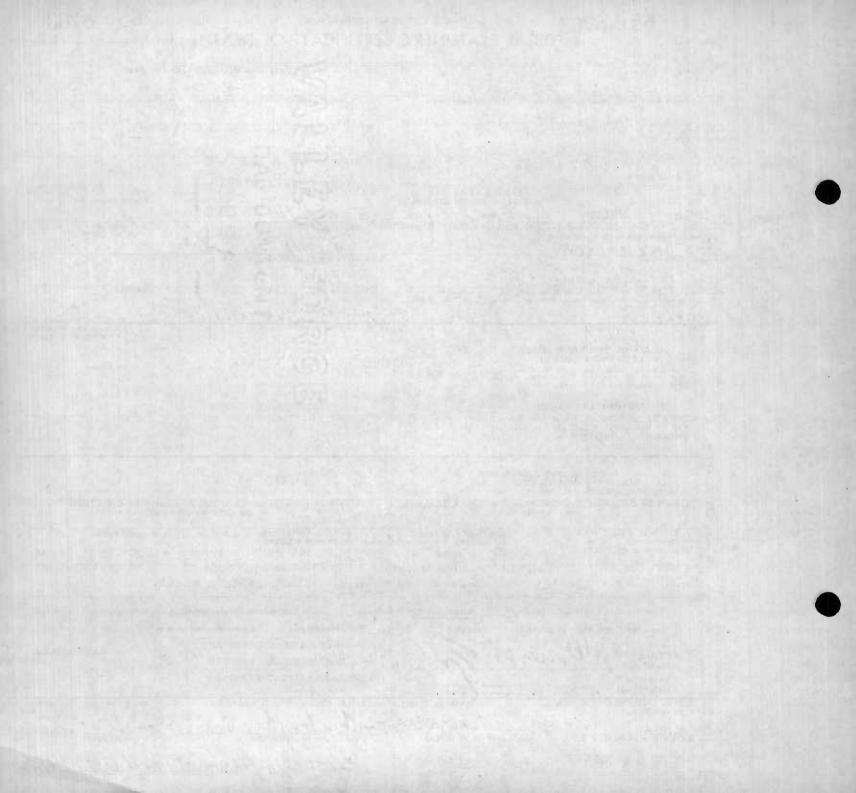
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BALTIMORE CITY HEALTH DEPARTMENT

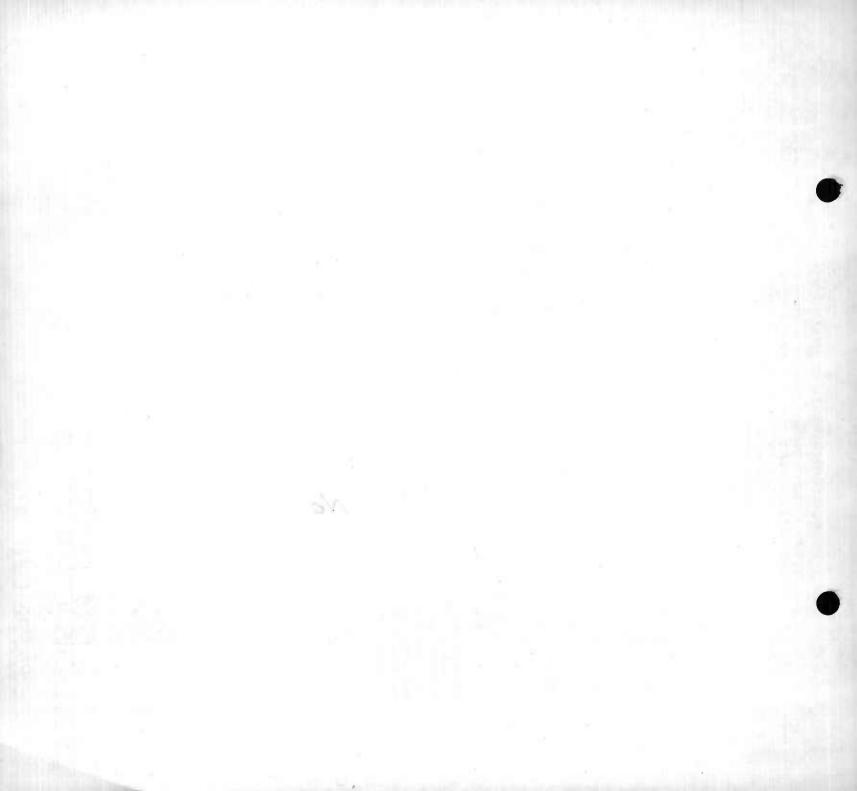
AMEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

A.E. CASE NO.	EKTITICATE OF DEATTINGSTORES NO.
, NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Type or Print) ROY C GOFF	8-20-65 12:05 P M
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
4144 AUDREY AVENUE	Baltimore D. STREET ADDRESS (If rurol, give locotion)
4144 AUDREI AVEROE	4144 Audrey Avenue
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male White MARRIED	11-27-1925 39
A. USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUSTR the during most of working life, even if retired)	WHAT COUNTRY?
FACTORY WORKER	14. MOTHER'S MAIDEN NAME
John Goff	UNKNOWN
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ses, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
UNKNOWN DUKNOWN	MRS FENTON Phillips - Cowen, W. VA
18. E 976 Xi CAUSI	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	hat Haund of Chart
(This does not mean the made of dying e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	hot Wound of Chest.
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
Home	4144 Audrey Avenue - 1st floor front
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 8 18 165 WHILE AT NOT	G1 1 - 15 1 - 1
(APPROX.) 8 18 65 WHILE AT NOT AT V	WHILE XX Shot self in chest.
I certify that I held on Inquiry Inspection X Au	ond that an this bosis, deoth in my opinion
resulted from: Notural couses Accident Suicio	
	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8-20-65
NAME (Type) WERNER U. SPITZ, M.D. A. BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY	
BURIAL CREMATION, 238. DATE 23C. NAME OF CEMETERS 23C. NAME OF CEMETER	EL Cemetery CAMOEN ON GAULEY West
ALIG 2 1 1965 P. C. R. C. Fr. Ch. M.	Ellowall Agazant Had hort . Ulet
S 151-REV. 1/1/65	O O O O DEALTONOSE, M



- 1621	65 8764 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 65 8764
TER OF	BIRTH NO. CERTIFICATE OF DEATH REGISTERED NO.
pital and of death Deceased e on the	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
-70 0 5	(Type of Print) E) mer D. Cyford Aug 19 1965 112: 20Am
Doot ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (When deceased lived, If institution: residence before admission) A. STATE B. COUNTY
S 0 0	\Rightarrow
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
cal cal to	Marwand General Hospital D. Street ADDRESS ((Fruid, give location)
l in a ng cau cause; attend	D. STREET ADDRESS (If rurol, give location)
0	6 V (1811 Liberty Hat. Ave
occurre ontribut ermined regular	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (by years Windows) Doys Hours Min.
contribetermin	MARC White Married 1/5/95 70
co dete	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
nde de de	retired-Salesman Botto Md. V.S.A.
if de ect o 4) Ur was	13. FATHER'S NAME
F = 56 3+	dane during goul of working life, even if retired) Batto Md. Salesman 13. FATHER'S NAME Alice R. Connor 15. Was December
dir dir	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Sistan the deat deat	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. Mildred L. Cyford 4811 Liberty Heights Ave.
A # - D 0	CAUSE OF DEATH CAUSE OF DEATH INTERVAL BETWEEN
APO his a so, if f any need	ONSET AND DEATH
or his Also	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Original Value of dying, e.g., DUE TO
0 2 5	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,
R: Ger. Ctu	injury or camplication which caused death.)
CTOR: caminer. A fractury vho pre	ANTECEDENT CAUSES (B) DUE TO
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L DI dical dical orns; vsicia	
RAL D medical medical burns; physicia	E O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA med med buy buy phy	A DISEASE OF CONDITION CAUSING II.
FUNERA ne chief m by a me. 2) Body bu re the phy physician	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect locohon)
Chi Bo th th	
	OR CONTRIBUTANCE CALLER OF
ed bosp ature ature (6)	21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
hos hos a cept	While At Not While At Work
prov nhe h ny n and	22. I certify that (I) (this haspital) attended the deceased from 818 55 1965 to Aug 1965
40 to 10 %	that (I) (we) last saw the deceased alive an 19 15 and that in (my) (aur) apinlon leath accurred an the date
0 2 =	
ist be a dent of dent of death)	and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED
2 0.0 5	
9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
was r An a	ROCENDO M SA BUNDAYO M.O. MARYLAND GEN. HOSPITAL
# 254	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
E 70 0 0	
nis con nows as E	25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 256. EUNPRAL DIRECTOR ADDRESS
This certif the body shows: (1) was D.O., deceased	AUG 2 4 1965 Poly E tarker Hollsworth Armacost 1600 Liberty Heights
harm	Ellsworth Armacost 4600 Liberty Heights.
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had not Baltimere Maryland General Hospital 4811 Riberty Hat Ave 1/2/15 10 burned 33 My M Balto Md VSA beinter 2-Rod Tridol Alice & Connor trado Intigoral Sololla Want



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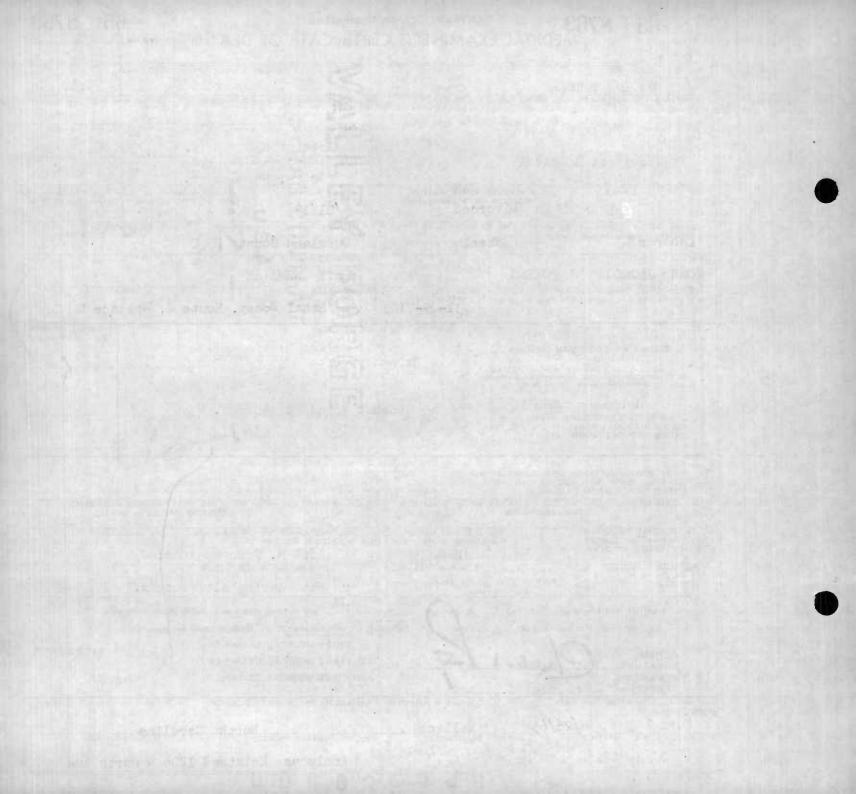
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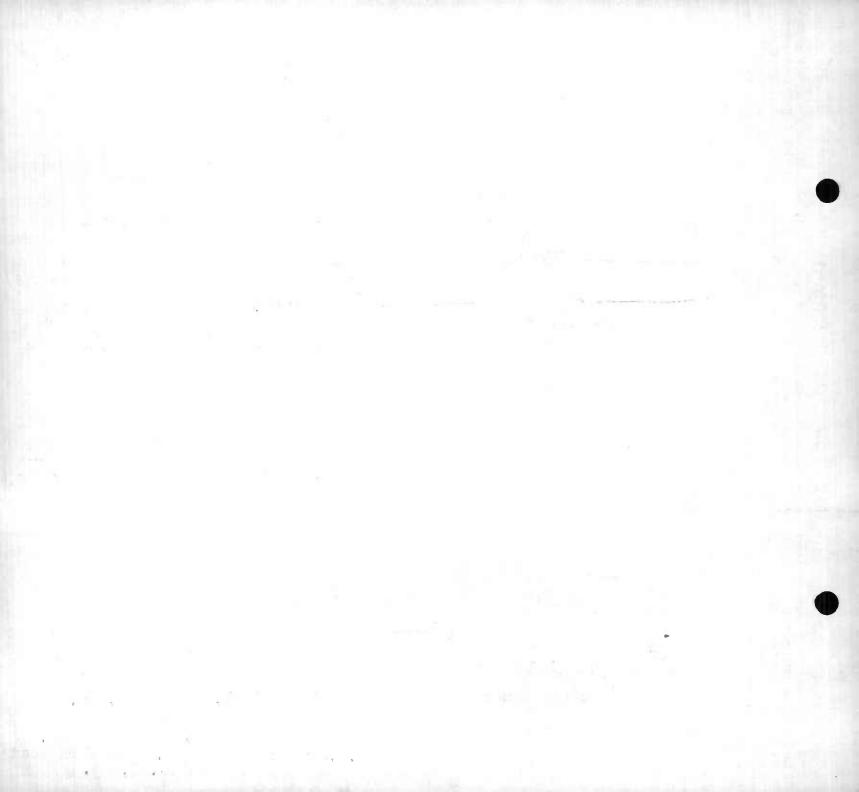
CERTIFICATE OF DEATH THANK OF DECEASED THANK OF DEATH REGISS. Annie Regiss. A		17- (190,000)		BALTIMORE CITY	HEALTH DEPAR	RTMENT		65	8768
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PLACE OF DEATH IN BAILWORK, MARKAND POVIDED IN BAILWORK, MARKANDORY, MARKA		FASED				2 DATE A	ND HOUR OF DEATH		
FACE OF DEATH IN EXCHANGE MARILAND FULL NAME OF MARY LAND MASTULION Provident Hospital Baltimore, Maryland CHY of town (if estated city limits, with EURAL and give hownship) Fremale Fremale Negro NAME OF MARYLAND Negro NAME OF NOTES Negro NAME OF NOTES Negro NAME OF NOTES NOTES NOTES NAME OF NOTES NOTES NAME OF NOTES NAME OF NOTES NAME OF NOTES NOTES NAME OF NOTES	Type or Print)	_							11:55 m
FULL NAME OF (If mod in hospited or institution, gove sheet address or becodes) NESTULION Provident Hospital Baltimore, Maryland C.C. (If of frown If subide city limits, write RURAL and give township) Baltimore, Maryland C.C. (If of frown If subide city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If newl, dy subsciolen) 1007 N. Mount St. St. RACE Negro N. MASHID, NIVE ANABELD N. STREET ADDRESS (If newl, dy subsciolen) 1007 N. Mount St. St. RACE N. MASHID, NIVE ANABELD N. MASHID, NIVE ANABELD N. MASHID, NIVE ANABELD No. STREET ADDRESS (If newl, dy subsciolen) 1007 N. Mount St. B. DATE of Bitting of wall follow in a dy wall folk kind of St. Race of St	DI ACE OF DEA	Reese, Annie	9		III HOUSE OF CUM				TT - 77 D -
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MOSTITUTION Provident Hospital Baltimore, Maryland C. CHT OF TOWN III Judies of Winds, wise RURAL and give township) Baltimore, Maryland Statimore in Control of New Hospital Baltimore in Control	FILL NAME OF (If not in bosoital or institution give street				Maryla	nd		160	3
Provident Hospital Baltimore, Maryland SEX PETRIAL S. ARCE S. ARCE D. STREET ADDRESS G. F. ARCE D. STREET ADDRESS G. F. ARCE D. STREET ADDRESS G. STR	HOSPITAL OR	C. CITY OR TOV	VN (If or	utside city limits, write I	RURAL ond give	township)			
Baltimore, Maryland DOT N. Mount St.	INSTITUTION	Baltim	ore						
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West Deceased Ever in U. S. Armed Forces? 10. SOCIAL SECURITY NO. COTTINE BUTLET 1041 S. Sharp St. INTERVAL SETWEY DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihis does not mean the mode of dying, e.g., heat follow, ostbeno, est. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tisse to the obove cause (A) staining the UNDERTITION CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. 119A-DATE OF OFERATION 198. CONDITION TO WHICH OPERATION OR CONTRIBUTING CAUSING II. 121. RACCIDENT WAS UNDERTYING CAUSES OF DEATH Mostly medical examined 212. ACCIDENT WAS UNDERTYING CONDITION SUBJECT OF INJURY COLUMN COLUMN CAUSES OF DEATH MOST OF THE CONDITION COND	FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NA	ME		
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Steel Dukeland County N C WHAT COUNTRY						8/21/1	3	9. AGE (In years lost birthdoy) 52		
Taborer Steel JOHN JACKSON POWERS 15. KATHER'S NAME JOHN JACKSON POWERS 15. WAS DECEASED EVER IN U.S. ABMED FORCES? Ves. no or unknown! II yes, give wor or doles of service! DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING BISE TO THE A GOVE CAUSE IN STATING THE UNDERTRING CONDITION LAST. (A) Bronchopneumonia DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. CONTRIBUTING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSES (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSES (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSES (C) OTHER SIGNIFICANT CONTRIBUTION (A) BOTHER SOUTH CAUSE OF DEATH. (A) WHITE AT A CONTRIBUTION (C) OTHER SIGNIFICANT CONTR			JPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	tote or forei	gn country)		
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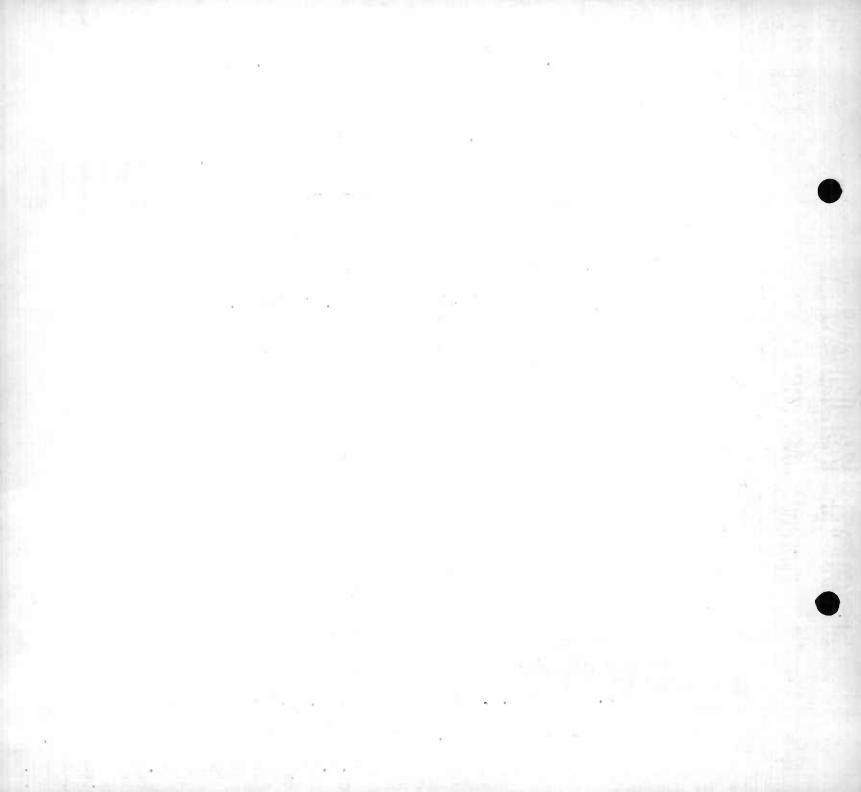
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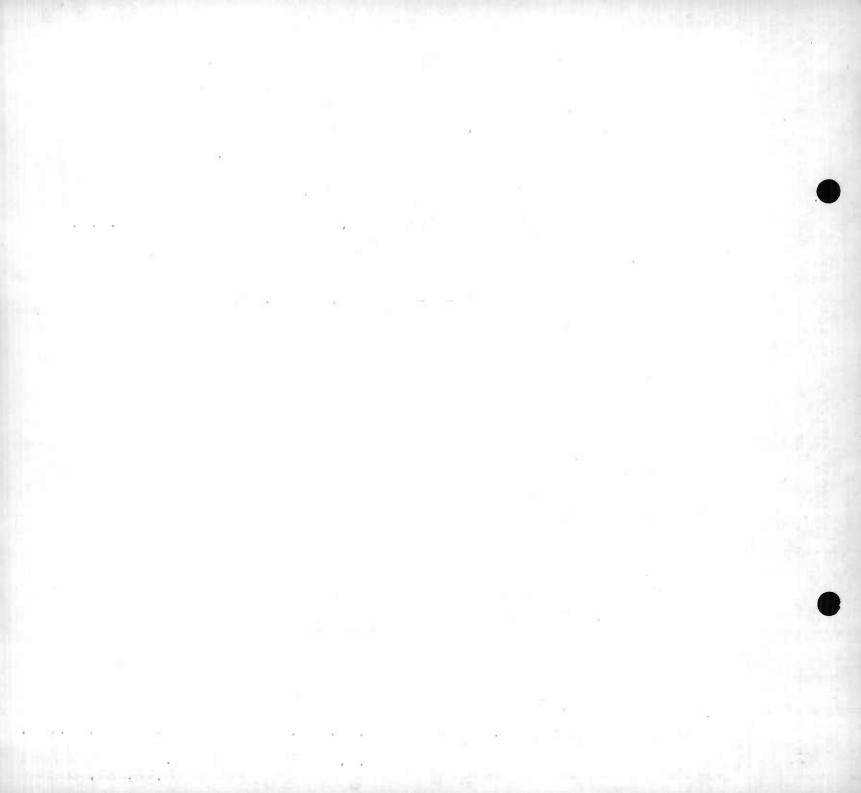
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				424	Roseba	nk Ave.		
. SEX	6. RACE	7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Doys	If Under 24 H Hours Min.
M			Married	10-19	-1888	76		
	UAL OCCUPATION (Gring most of working life,		B. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPL	ACE (State or fo	reign country)	12. CHIZEN O	UNTRY?
	les		Goodyear Tire	Mary	land		USA	
13. FAT	HER'S NAME			14. MOTHE	R'S MAIDEN N	AME		
	William !	T. Brice	A	Maro	aret A	nn Vickers		
15. Wos	Decoased Ever in U. or unknown)((If yes, gi	S. Armed Force	s? 16. SOCIAL	17. INFORM	ANT	ATOVOL'S	ADDI	RESS
N.		ve wor or dotes	of service) SECURITY NO. 217-01-40) Mac	(7 - 1 -	o A Deed a	A 3.	
1B.	0/08	1		E OF DEATH	Clair	e A. Brice		AL BETWEEN
	DISEASE OR CO	NDITION DIRE						AND DEATH
		TO DEATH	H \ SA	en en	nu the	onlosis		C
(Th	nis does nat mean art failuie, asthenia,	the made of d	ying, e.g., and disease.	- G. CERELI	0	***************************************		
	ury ar camplication		edin.)					
	ANTECEDI	ENT CAUSES	Z Z BB	o no disda 60 no disda manusis so no musi se no si na na na na na nasis se na				acc= ===q= =============================
	SEASES OR COND		y, giving O	'alia Te		elleitus	1	
	e ta the abave NDERLYING CONDIT		tating the H	alace	2 2	eletus		}
		11	EC 18					
N 01	THER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING					
A DI	SEASE OR CONDITIO	N CAUSING IT.	2					
F 194	DATE OF OPERATIO	N 198. CONDI	TION FOR WHICH OPERATION	20A. AU	TOPSY? IV es or	No) 20B. IF YES, WERE	FINDINGS CONS	DERED ?
ERTIFI	ACCIDENT WAS !!	NDEBI VINC	218 81 4 65 05 14111091		10.			
OR DE	CONTRIBUTING C	AUSE OF	21 B. PLACE OF INJURY (home, form, foctory, stre	t, office bldg. IN	JURY OCCUR?	tif in Bollimor	o City, givo exoc	l locotion)
U	ATH (notify medical e		etc.)					
21 OF	INJURY (Month)	(Doy) (Yeoi)			F. HOW DID II	NJURY OCCUR?		
(Al	PPROX.)		Work Not	While /ork				
22.	I certify that (1) (this hospital)	attended the deceased fram.	nei	en	19ta	•••••	19
the	at (I) (we) last saw	the deceased	alive on new	19	and	that in (my) (aur) api	nian death acc	urred on the
and	d hour and fram the	causes state	d abave. (I) (We) (did) (did n					
	SIGNATURE						23B. DATE SIGI	NED
	Dosen	RIT	SICIAL G M.D.	Attending Phys.	Med.	Stoff Phys.	ana.	21,196.
230	PHYSICIAN'S NAME (Type)	11 01	, any	23D. ADDRES		• Hy 50 L	0	17.700
		Jogani	D.B. King			. C	0.00	
24A. BI		24B, DATE	24C. NAME of CEMETERY o	CREMATORY		Spring La	ity, town, or coun	ty) (Stote)
RI	EMOVAL (Specify)						ity, town, or coun	177 (31016)
4	rial	8-23-6				estertown		Md.
25A. D	ATE REC'D BY HEALT		5B. NAME OF REGISTRAR		NERAL DIRECT			DDRESS
	AUG 24	1965 R	seld E, Valbeurin	H.W	Jenkin	s & Sons C		
VS 150-	-REV. 1/1/65	The state of the s	2 .) (4		4 13		RAITO	.12, Md



IMPORTANT

FUNERAL DIRECTOR:



	H NO.	WEDI	CAL EX	AMINER 5 CI	EKTIFICAT	E OF D	EAIH Register	red Na		
	L CASE NO.	FASED				2 DATE AND	HOUR PRONOUNCE	ED DEAD		
(Ty	(Type or Print)						23, 1965	1 1 20 A		
NELSON FORTINE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			A. STATE			tution: residence before odmission)				
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore							
9					D. STREET ADDRESS (If rurol, give locotion)					
		St. Agnes	Hospita	1	80	LS. Fre	mont Avenue			
5. S	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 fr. It Under 24 Months; Doys; Hours; N					
	fale	Negro	Marr		6/16/1	1	54			
		JPATION (Grve kind of work vorking life, even if retired)	OB. KIND OF	BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?				
12	FATHER'S NAM	I.E.			South (Carolin	na .	U.S.A.		
13.										
15.	WAS DECEASE	as Fortune	FORCES?	16. SO CIAL	Susani 17. INFORMANT	na Torr	16.7	ADDRESS		
(Yes		(If yes, give wor or dote	s of service)	SECURITY NO.	Monrilon	a Fonts	ne 804 S	Fremont Ave.		
-	Yes	WW11		CALLSE	OF DEATH	a rorot	IIIG OOF D	INTERVAL BETWEEN		
CERTIFICATION	OTHER SIGN	OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING THE	(C)						
CERTI	19A, DATE OF	OPERATION 198 CON WAS PER	IDITION FOR	WHICH OPERATION	**	? (Yes or No) 2	N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
MEDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. V	VHERE DID (III	in Boltimore City, giv	ve exact location)		
2	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	v	VHILE AT NOT AT W	WHILE	IULNI DID WC	Y OCCUR?			
		ify that I held an I					basis, death in m			
	ACTUAL SIGNAT		4.0	Suicid	CHIEF M	EDICAL EXA	[DATE SIGNED		
	EXAMIN	ER'S Russell	S. Fish		ASSOCIATE M	EDICAL EX	AMINER	8/23/65		
	BURIAL CRE			c. NAME of CEMETERY of	r crematory National		cation (City, Ltimore. 1	town, or county) (Stote)		
24/		BY HEALTH DEPT.	24R NAME.	OF REGISTRAR	24C. FUNER	AL DIRECTOR		Maryland ADDRESS W. Barre St.		
VS	151-REV. 1/1/			5 5 6 7	01101	7				

Annual E. 1868 Littlement Cold S. Torrage Avenue ... and strongers in the fact that the strong Sylvertain Charlican mulair Programs Indicti . If specific the strategy of the state of the strategy of t

BIRTH NO.	65 877	76	CERTIFICA	TE OF D	Y	Registered Na.	65 8776	}		
M.E. CASE NO. 1. NAME OF DE	LING, George	(NMI)			8/22	AND HOUR OF DEATH	5:50	P. ,		
3. PLACE OF DE	3. PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission. STATE B. COUNTY				
	Administration	n)		Pennsyl c. city or to Philade	lphia		RURAL and give township)		
	Raven Blvd.	07.0		D. STREET ADD		f rurol, give location)				
5. SEX	Maryland 21		NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	I If Hades 1 Vs. 16 Have	der 24 Hrs		
Male	Negro	Marri	DIVORCED (specify)	1/11/04		lost birthdoy) 61	Months Doys Hours			
Maintaina 13. FATHER'S NA		Ret	ired	Granite,		AANE	U.S.A.			
Stephen				Betty H		AME				
	d Ever in U. S. Armed For hill yes, give wor or dote 2/23/18 to 4	s of service)	16. SOCIAL SECURITY NO. 160 09 7965	Records	- V.	A. Hospital	ADDRESS	15 11		
yes	0/14-00=		CAUSE 0	F DEATH	Bal	timore, Md.	27218	WEEN		
heart foilure injury or co DISEASES rise to th	LEADING TO DEATH not mean the mode of , osthenia, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) IG CONDITION lost,	the diseose, death.)	Tube	erculosis Cavator	, fibr	t Coronary A ocoscous ive	rtery 1½ hr Years	5		
OTHER SIGN TO THE I	III IIIICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	ATED TO TH	G E							
OTHER SIGN TO THE IDISEASE OR 19A. DATE O	F OPERATION 198. CON WAS PER	DITION FOR V	WHICH OPERATION	20 A. AUTOPS		NO 20B. IF YES, WERE IN CERTETING CA	FINDINGS CONSIDERED			
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 B. hom etc.	PLACE OF INJURY (e.g., in the, form, factory, street, of)	n or obout 21 C. W fice bldg., INJUR	HERE DID Y OCCUR?	(If in Boltimo	re City, give exact location	1)		
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not Whill rk At Work		OW DID IN	JURY OCCUR?				
			he deceased from	ay 19		19 65 to Aug	ust 22 1	19 65		
that (N) (we) last saw the decease	d alive an	August 22	19.65	and 1	hat in the (aur) ap	inian death accurred a	n the dat		
and have an	nd from the causes stat	ted abave. 🤾	(Me) (did) (MD/QX/06)0 v	iew the bady o	ofter death	•				
23A. SIGNAT	URE A	1016	/	ading === ^	Mad —	Sa. W	23B, DATE SIGNED			
K	Willer Fr	DICK	Phy		Director	Phys.	8/23/65			
23C. PHYSICI. NAME (ANNA				VA Hospi		imore, Maryl 00 Loch Rave				
24A. BURIAL CR	EMATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY	24D.	LOCATION (C	ity, town, or county)	(Stote)		
Burial	8-27-65	U.	S. National		E	Severly, N. J				
25A. DATE REC'T	G 2 4 1965	Creb E	Farlung .	Reynol		eral Home -	204244 Ridge Phila, Penna.	Ave.		

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CERTIFICATE	OF DEATH Registe	red No. 00 8777
DEROII /		
		NTY
C. CITY OR TOWN	If outside corporate limits, write	RURAL and give township)
Balti	more	4-02
704	W. Lexington St	reet
8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
5-1-1934	31	With ms Doys Hours With.
TRY 11. BIRTHPLACE (Stote		12. CITIZEN OF
Easley, S.	, C.	WHAT COUNTRY?
14. MOTHER'S MAIDEN	NAME	
Eunice Ne	esbitt	
17. INFORMANT		ADDRESS
Eugene You	ing - 1605 Rosed	ale St.
ISE OF DEATH	3	INTERVAL BETWEEN
		ONSET AND DEATH
ft subdural he	matoma	
		00 00 0 00 0 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00
Q		

		SALE DAYS SEED
change of liv	er	
20A. AUTOPSY? IYes		
Yes	Yes	
g., in or obout 21C. WHERE	DID Ilf in Boltimore City, giv	ve exoct locotion)
		00-00
	DID INJURY OCCUR?	
WORK Proba	blv fell while	intoxicated
	Person	er
		DATE SIGNED
		8/23/65
ASSOCIATE MEDIC	CAL EXAMINER	0/25/05
Y or CREMATORY	23D. LOCATION (City.	town, or county) Stote)
24C, FUNERAL DI	Easley, S. C.	ADDRESS
	A. USUAL RESIDENCE A. STATE Maryl C. CITY OR TOWN (Balti D. STREET ADDRESS 704 8. DATE OF BIRTH 5-1-1934 TRY II. BIRTHPLACE (Stote Easley, S., 14. MOTHER'S MAIDER Eunice New 17. INFORMANT Eugene You 18. Example You 18. OF DEATH Et subdural her Change of liv 20A. AUTOPSY? IYES 9. in or obout 21C. WHERE yes 9. in or obout 21C. WHERE WORK D. 21F. HOW E CHIEF MEDIC D. ASSISTANT MEDICAL M	CERTIFICATE OF DEATH Register CLEACH) 2. DATE AND HOUR PRONOUNCE August 22, 196 A. USUAL RESIDENCE (Where deceased lived. If institute of Maryland C. CITY OR TOWN (If outside corporate limits, write Baltimore D. STREET ADDRESS (If rurol, give location) 704 W. Lexington St. 8. DATE OF BIRTH 9. AGE (In years lost birthday) 5-1-1934 31 TRY 1. BIRTHPLACE (State or foreign country) Easley, S. C. 14. MOTHER'S MAIDEN NAME Eunice Nesbitt 17. INFORMANT Eugene Young - 1605 Rosed ISE OF DEATH Et subdural hematoma Change of liver 20A. AUTOPSY? [Yes or No] 20B. IF YES, WERE FIR Yes 30. in or obout 21C. WHERE DID If in Boltimore City, give office bidge, INJURY OCCUR? Unknown D 21F. HOW DID INJURY OCCUR? Unknown D 21F. HOW DID INJURY OCCUR? Probably fell while : Autopsy Ond that on this bosis, death in machine CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Y or CREMATORY 23D. LOCATION (City, or company of the company

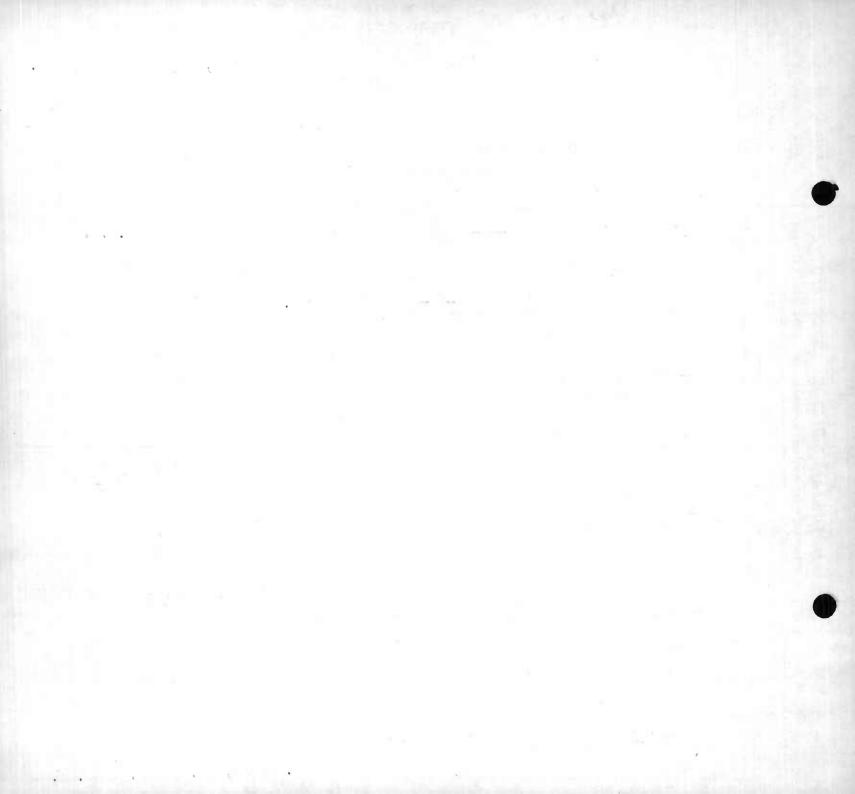
. . . THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY. the state of the property of the property of the

If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min 2. CITIZEN OF WHAT COUNTRY? Arsenia Blackwell - 2538 Joseph Ave. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or Not 208, 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? and that an this basis, death in my opinion Accident resulted fram: Natural causes X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 8/23/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Type) 23A, BURIAL CREMATION. 23C. NAME of CEMETERY of CREMATORY 23B. DATE 23D. LOCATION (City, town, or county) (Stoto) REMOVAL (Specify) Burial 8-27-65 Mt. Auburn Baltimore, Maryland 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAB ADDRESS 24C. FUNERAL DIRECTOR Charles R. Law 802 Madison Ave. VS 151-REV. 1/1/65

6:55 A

The constraint of the artificial contract of the contract of t ENTER LIMIT NO 20-75-8 with real bist fits was a final and and

(Type or Print)
3. PLACE OF
3. PLACE OF
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5. SEX
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Station
13. FATHER'S
15. Was Decea (Yes, no or unknown
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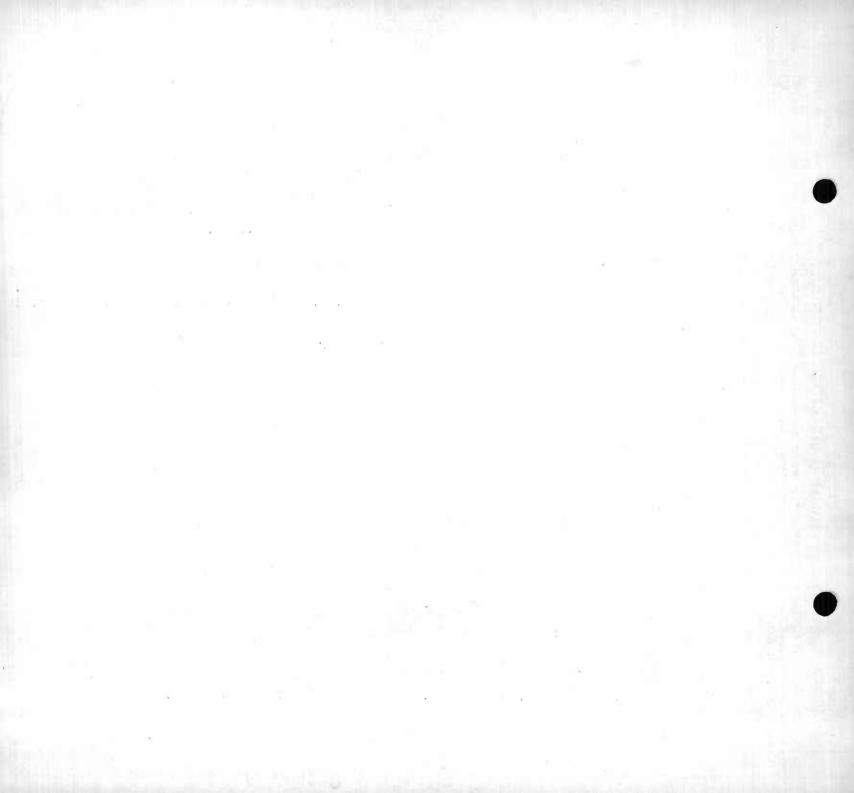


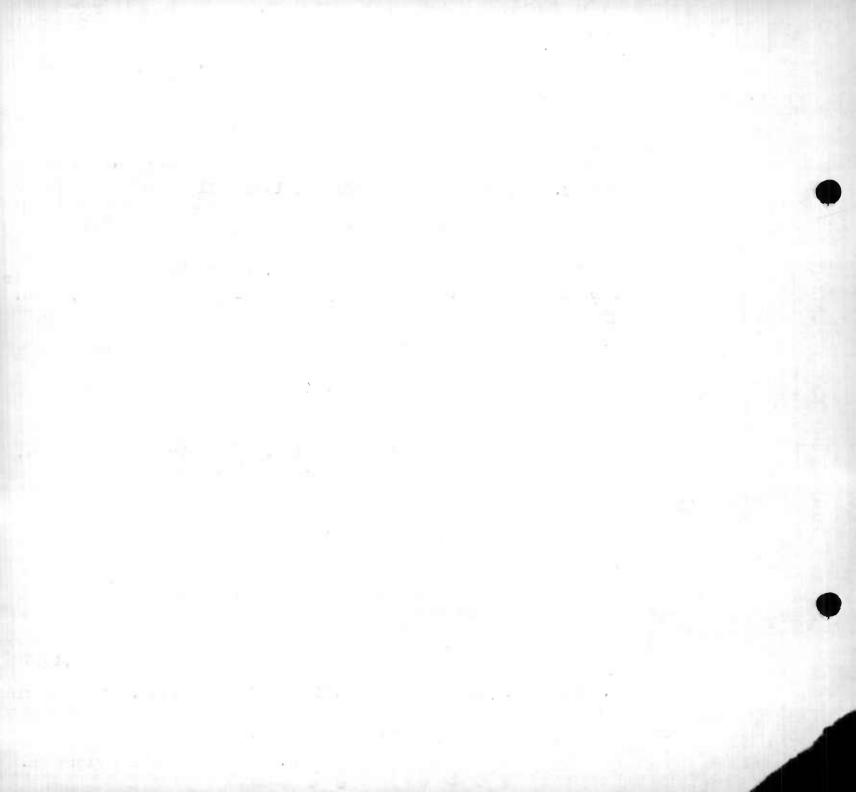
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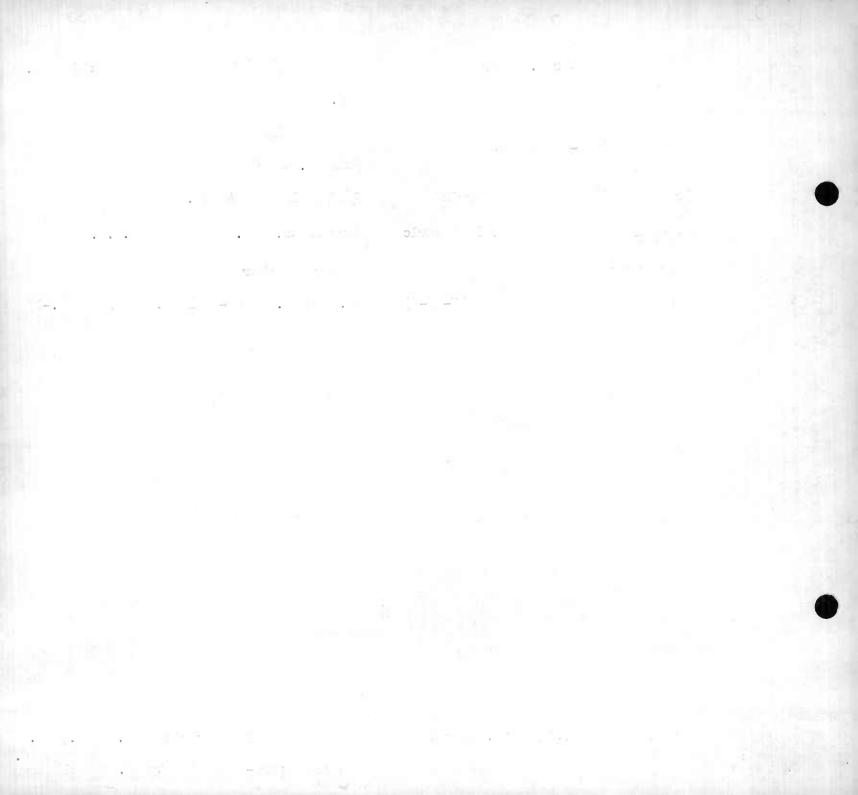
BIRTH NS5	8782	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registers	No. 878
M F CASE NO							

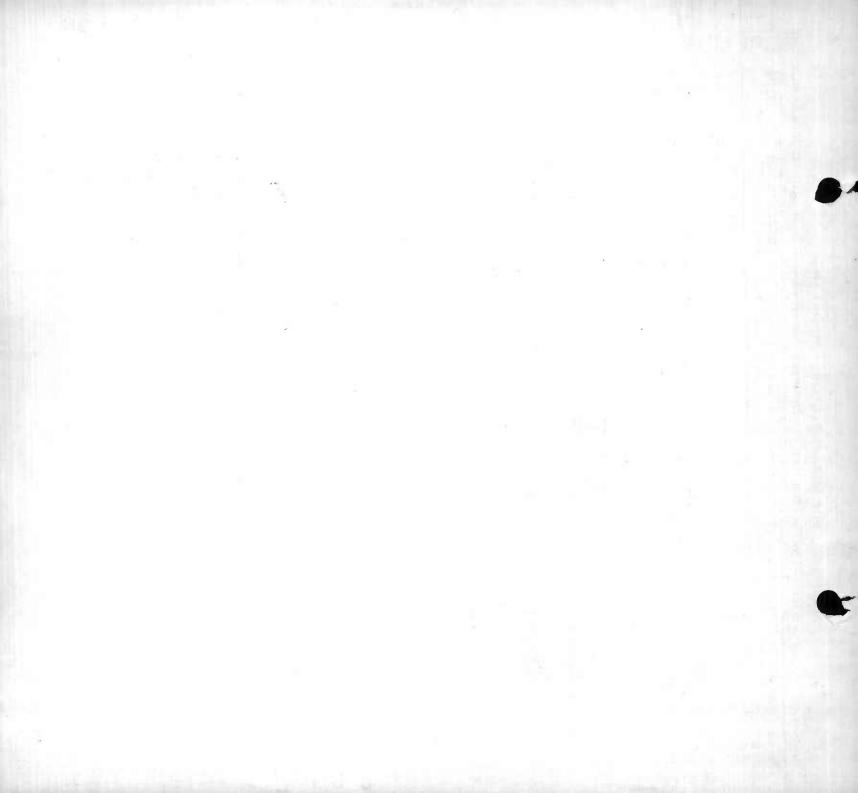
I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) HAROLD DAVIES 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland
C. CITY OR TOWN (If outside carparate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME DE INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) Maryland General Hospital 506 N. Howard Street 6. RACE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH Months ; Days , Haurs , Min. WIDO WED, DIVORCED (specify) last birthday Male White Divorced Male White Divorced June 18, 1900 (
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of warking life, even if retired) Chef New York B & O RR 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Harold C. Davies 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1713-A Waverly Way 16. SOCIAL (Yes, no ar unknown), (If yes, give wor or dates of service) SECURITY NO. 215-07-2031A Miss Bernadette Berry Baltimore, Maryland 12 No None INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO disease ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Carcinoma of larvnx DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimare City, give exact location) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 E. INJURY OCCURRED 21 D TIME 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE (APPROX.) 22. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinian Sulcide Hamicide Undetermined manner resulted from: Natural causes X Accident CHIEF MEDICAL EXAMINER 30 DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Type) 23A, BURIAL CREMATION. 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) Woodlawn Cemetery 124C. FUNERAL DIRECTOR Burial Woodlawn, Maryland 248 NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT.

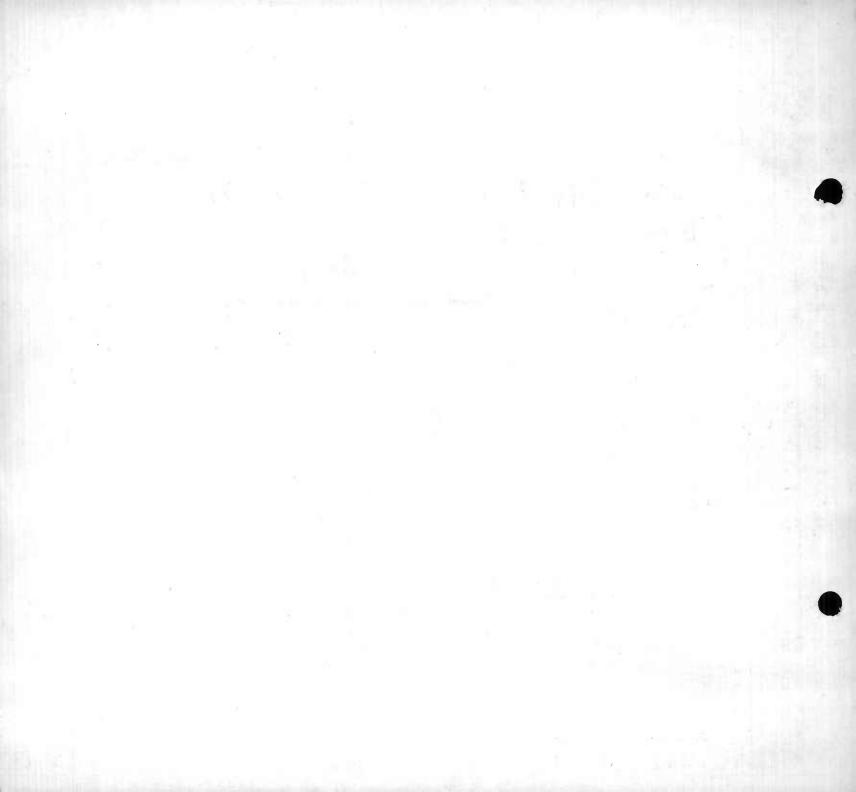
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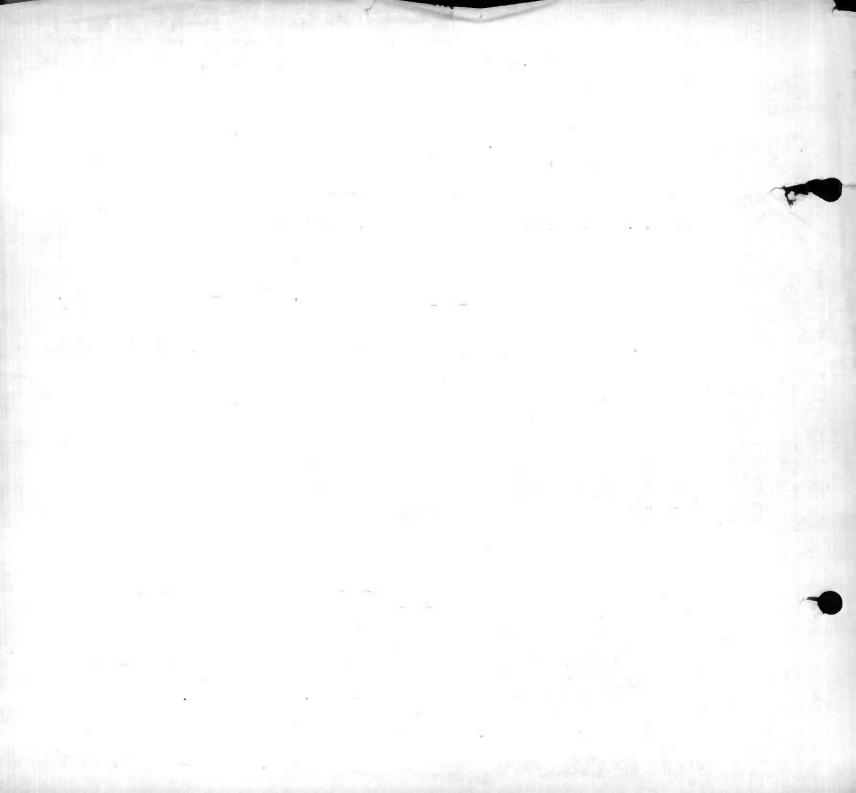








		LETIMORE CITY	HEALTH DEPARTMENT	-2/	
BIRTH NO.	65 8	8788 CERTIFICA	TE OF DEATH	Registered No.	5788
M.E. CASE NO.				D HOUR OF DEATH	
(Type or Print)	Robert	A. Minson	Augu	st 23, 1965	8:15 am
3. PLACE OF DEA	ATH IN BALTIMORE, MA		A. STATE 8. COUN	doceosed lived. If instit	S:15 aM.
FULL NAME OF HOSPITAL OR	of (If not in hospital address or location	or institution, give street n)	Maryland c. city or town (if outs	side city timits, write RUF	(AL and give township)
100	Provident F		Baltimore		
17	1514 Divisi	on St. Maryland 21217	3212 Vickers	urol, give locotion) Road	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			If Under 1 Yr., If Under 24 Hrs. Aonths: Doys Hours Min,
Male	Negro	Married	1-8-06	ost birthdoy) ^	Admiris Doy's Modes Admir
IOA. USUAL OCCI			11. BIRTHPLACE (Stote or foreign		12. CITIZEN OF WHAT COUNTRY?
	S. Post Offi	ce	Virginia		USA
13. FATHER'S NAM	A E		14. MOTHER'S MAIDEN NAM	AE	
,	0 0	9 9	Jennie Hu	daine	
15. Was Deceased	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	RRTIIS	ADDRESS
(Yes, no of unknown	Iff yes, give wor or date		Iola W. Min	son-3212 V	ickers Rd.
18.	1 6. 1/1	228-16-4455 CAUSE O			INTERVAL BETWEEN
	SE OR CONDITION DIE		DEATH		ONSET AND DEATH
	LEADING TO DEATH		rated ileum wi	th generalia	zed Four days
	ot mean the made of asthenia, etc. II meons	dying, e.g., DUE TO		V-11	Z.XX.X.X.X.X.X.X.X.X.X.X.X.X.X.X.X
	plication which caused		ohitis		
	ANTECEDENT CAUSES	DUE TO		***************************************	
	OR CONDITIONS, if	any, giving			
	abave cause (A) G CONDITION last,	stating the (C)			
O THE D DISEASE OR	FICANT CONDITIONS C	ONTRIBUTING			
DISEASE OR	EATH BUT NOT RELA	т			
9-22- 0 21A. ACCIDE	- WAS PER		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?
8-22-	NT WAS UNDERLYING	Ruptured Viscus	No	Of in Solvinous C	city, give exact facation)
OR CONTRIBL	TING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	tii in ooiiimole C	ity, give exact focotion
0					
S OF INJURY	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		Work At Work			
	that (1) (this hospital	8-23-65	3-21-65		3-65
				i many, tour, opinio	in decili occorred on the dore
23A, SIGNATU		ted obove. (1) (We) (did) (did not) v	Tew the budy offer death.	2:	3B. DATE SIGNED
	Karoten	M.D. Atte	nding Med.	Staff	
23C. PHYSICIA	N'S	Phy	S. A. Director 23D. ADDRESS	Phy s.	8-23-65
NAME (T	Royston		1801 W. Balti	more St	
24A. BURIAL CRE		24C. NAME of CEMETERY OF CRE			James or country) (Start)
REMOVAL	Specify)				lown, or county) (Stote)
Burial	8/26/6			ltimore Ma:	
ALIC OF	1065 A B	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	M 707	5 W. North Av e
HUG ZO	1300 (See 5	C'I d'Ora	Herbert E.	Nutter-202	A. MOT OF WAS



IMPORTANT DIRECTOR: FUNERAL

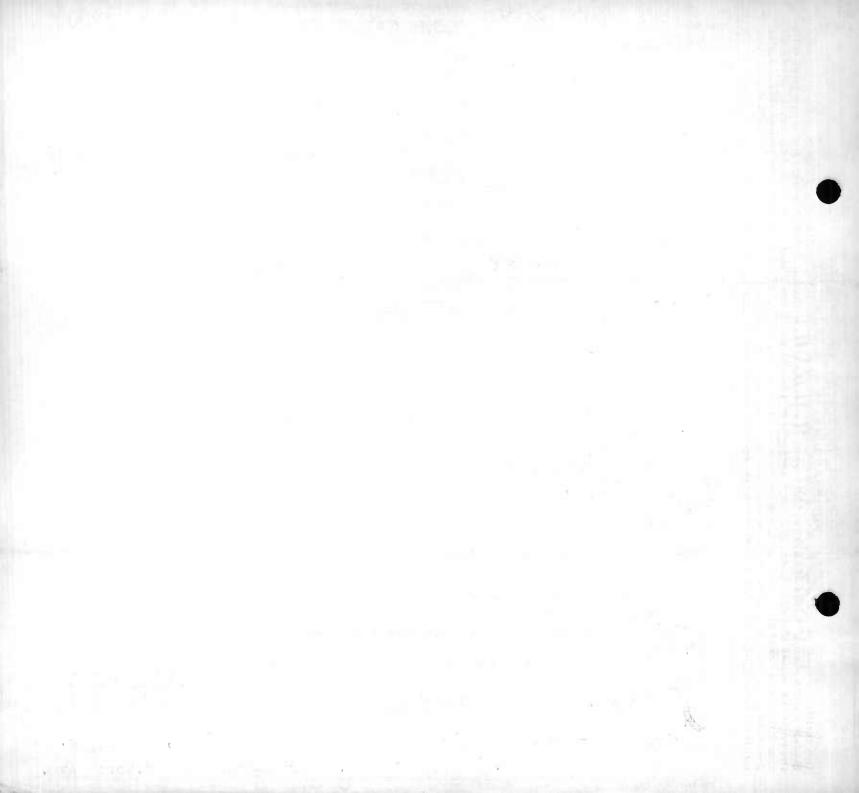
VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3:20 p.M. (If outside city limits, write RURAL and give township) Months Doys Hours If Under 24 Hrs. 12, CITIZEN OF WHAT COUNTRY? North Carolina (Wilmington) USA ADDRESS 1229 Curley INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) 8-19-65 ...and that in(my) (our) aplnian death occurred on the date 23B, DATE SIGNED (City, town, or county) Carolina Herbert E. Nutter 3035

while little was

446 (344)

THANKE OF DECERSION IT THE PARTITION OF BUSINESS OR INDUSTRY IN ALL MODERNING CONDITION IN THE STATE OF DEATH IN ALL THOOR MATTHAND IN THE PARTITION OF THE STATE OF THE PARTITION OF THE PARTITION OF THE STATE OF THE PARTITION OF THE PARTITION OF THE STATE OF THE PARTITION OF	BIRTH NO. 65 879	70	TE OF DEATH	Registered No.	65 8790
FULL NAME OF BIT IN SELIMONE, MARTIAND FULL NAME OF BIT OF BIT IN SELIMONE, MARTIAND FULL NAME OF BIT OF	(Type or Print)	nometh			5 1 3:15PM
5. SEX ON ACCE ON DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OTHER SIGNIFICANT CONDITIONS. If any, giving isse to the observe complexistion which coused design, injury or complication which coused design. OTHER SIGNIFICANT CONDITIONS. CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OTHER SIGNIFICANT CONTR	FULL NAME OF (If not in hospital or institution)	itution, give street	C. CITY OR TOWN (If outs Baltim (D. STREET ADDRESS (If re	Y ide city limits, write RI	
10. SUAL OCCUPATION (Give kind of work) Dis. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (Stole or foreign country) 12. CHIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL 15. SOCIAL 16. SOCIAL 17. INFORMANT 16. SOCIAL 16. SOCIAL 17. INFORMANT 16. SOCIAL 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	WI WI	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
S. War Deceased Eve in U. S. Amed Forces? 16. SOCIAL 17. INFORMANT 10. S. CAPORTS 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 1	done during most of working life, eyen if retired)	IND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSEO TO THE DISEASE OR CONDITION CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO THE DISEASE OR CONDITION CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF LAST OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION CENTRED IN CERTIFITING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURS (If in Boltimore City, give exact location) home, form, foctory, street office bidg. INJURY OCCUR? While AI Not While CAUSE OF CONTRIBUTION COURS (A) THE CONTRIBUTION	15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	16. SOCIAL	Unknown		08 MODRESS BOURT
UNDERLYING CONDITION last. VALUE Condition Cond	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. it means the dinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(A) pue to seose, l) (B) pue to			ONSET AND DEATH
21.A. ACCIDENT MAS UNDERTING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21.A. ACCIDENT MAS UNDERTING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21.B. FLACE OF INJURY (e.g., in or obout 10 control bldg., INJURY OCCUR? 12. I certify that (I) (Doy) (Yeor) (Hour) 21. INJURY OCCUR? While At Not While May Not	UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE	,		
22. I certify that (I) (this hospital) attended the deceased from Nov. 1923 to 100 2/ 19 that (I) (we) lost sow the deceased alive on 1729 2/ 1965 and that in(my) (our) opinion death occurred or and hour and from the causes stated above. (I) (We) (dld) (dld not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Phys. 23C. PHYSICIAN'S NAME (Type) Rach Conditions and the causes are alive on 1729 2/ 1965 and that in (my) (our) opinion death occurred or and hour and from the causes stated above. (I) (We) (dld) (dld not) view the body after death. 23B. DATE SIGNED Phys. 23C. PHYSICIAN'S NAME (Type) Rach Conditions are alive on 1729 2/ 1965 Attending Director Phys. Director Phys. Director Phys. Director Rach Conditions are alive on 1729 2/ 1965 Rach Conditions are alive on 1	OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	home, form, (actory, street, of etc.) 21E, INJURY OCCURRED	21F. HOW DID INJU		City, give exact location)
REMOVAL (Specify) Burial 8-24-1965 Lorraine Park Woodlawn, M. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	22. I certify that (I) (this hospital) attered that (I) (we) lost sow the deceased alice ond hour and from the causes stated ob 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)	ove. (1) (We) (did) (did not) ve on M.D. Atternation M.D.	1965 and the lew the body offer deoth. Inding Med. Signature Director 23D. ADDRESS The Grant MATORY 24D. Lo	Stoll Wichten CATION (Cin	ion death occurred on the dat 238. DATE SIGNED

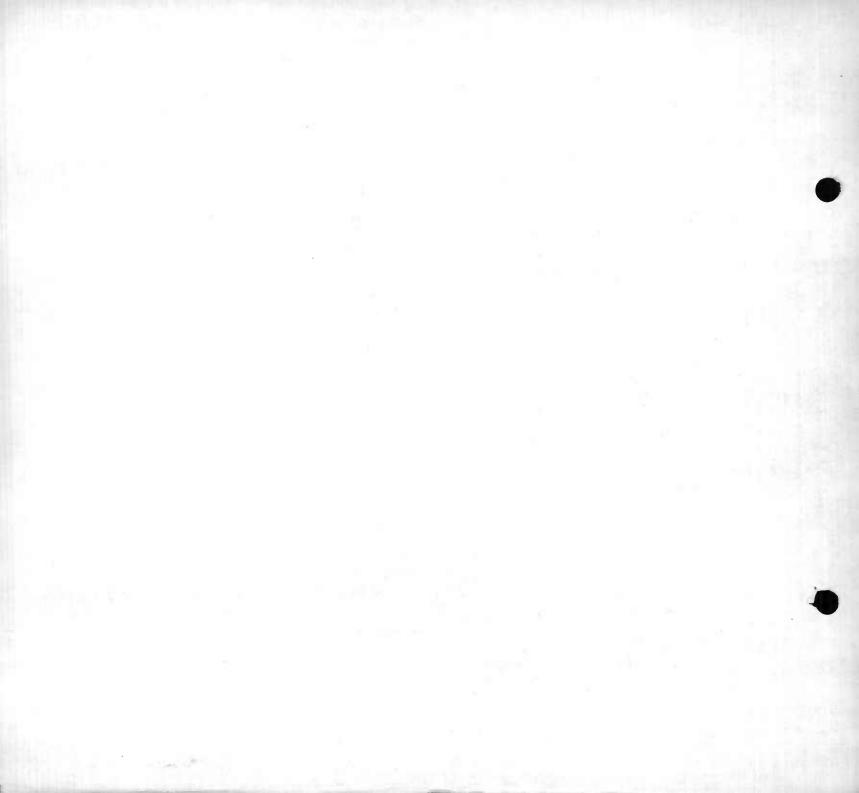


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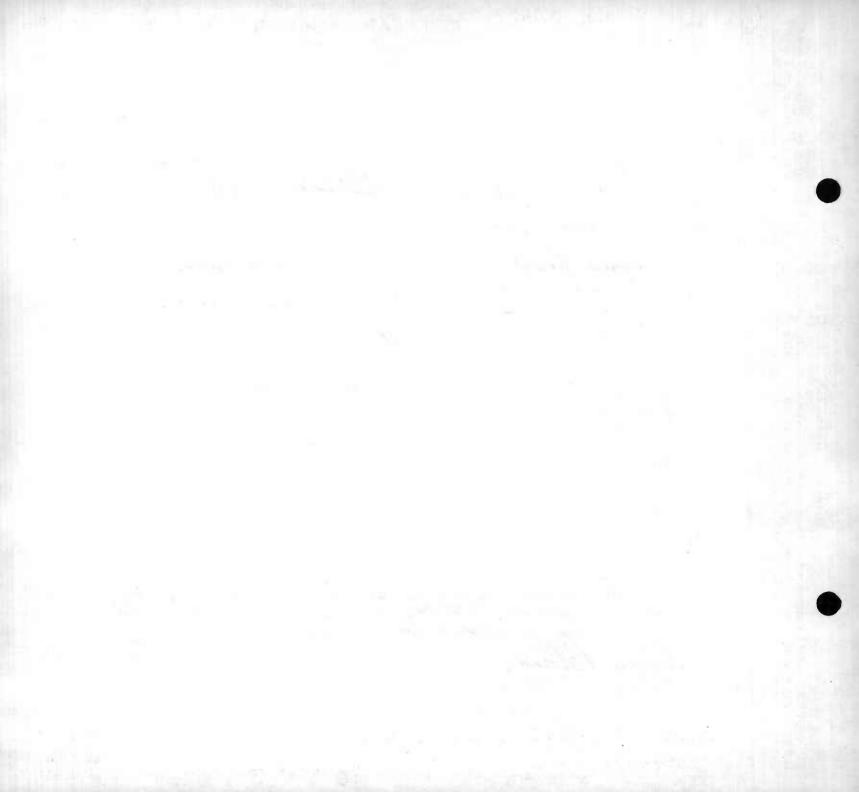
BALTIMORE CITY HEALTH DEPARTMENT



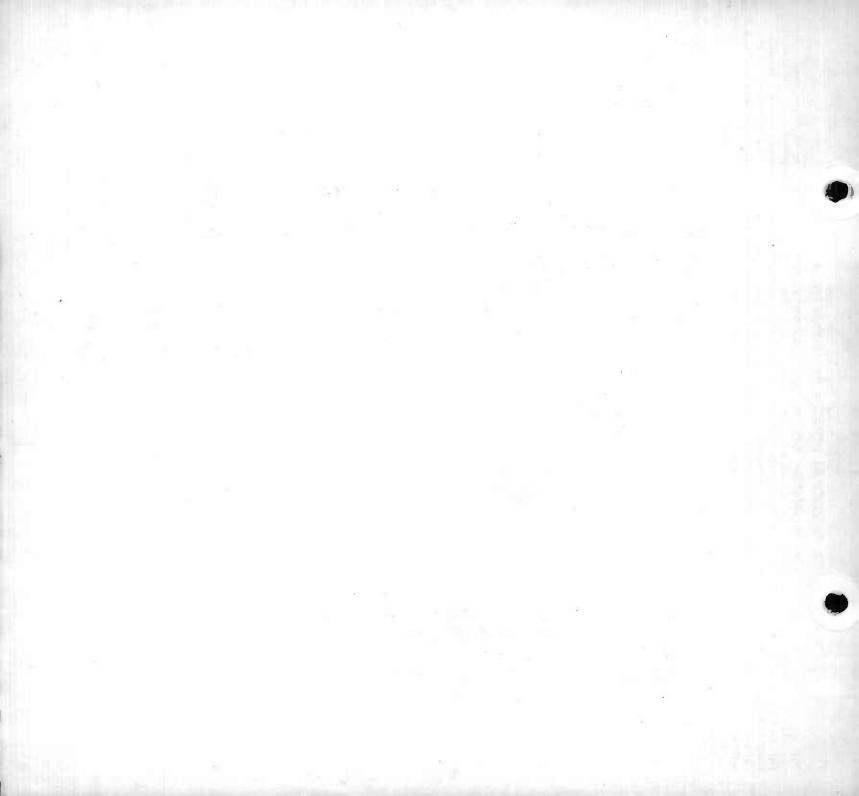
	65 8792	BALTIMORE CITY	HEALTH I
	H NO.	CERTIFICA	TE OF
1, N	AME OF DECEASED		
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL A. STATE
	FULL NAME OF (If not in hospital or institution of the state of the st	ion, give street	Mar C. CITY
1	NSTITUTION		Hus
2	Sinas Hospital of Baltin	nose, Inc.	D. STREET
			810
5. 5		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE O
	M Wi	dowed -	May +
	USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHP
FII	LING STATION OWNER GA	SOLINE	IV.
13.	FATHER'S NAME		14. MOTH
	HDAM KERA		FR
15. (Ye	Was Deceased Ever in U. S. Armed Forces? i, no or unknown)(If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORA
	10	SECORITI NO.	MRK
_	18. 44 20 . 11	CAUSE O	F DEATH
	DISEASE OR CONDITION DIRECTLY	11	
	LEADING TO DEATH	(A) /1/	ocar di
	(This does not mean the made of dying, heart foiluse, asthenia, etc. It means the dise	e.g., DUE TO	
	injury ar camplication which caused death.)	Ande o	ne les
	ANTECEDENT CAUSES	DUE TO	030000
		ving	
	underlying condition last.	the (C)	
	11		
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	ITING THE	
CATI	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AL
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F.	OK WHICH OPERATION	ZUA. AL
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 2
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., It
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	2
ME	OF INJURY	While At Not While	
	(APPROX)	Work At Work	
	22. I certify that #(this hospital) attended		2 Hu
	that (I) (we) last saw the deceased alive		19
	and have and from the causes stated above	e. (1) (We) (did) (did nat) v	lew the bo
	23A. SIGNATURE		
	Aclomen 1000cms	M.D. Atte	nding [
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRE
		M.D.	
244	BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CRE	MATORY
0	REMOVAL (Specify)	LURRALE (C	METER
25A	L DATE REC'D BY HEALTH DEPT. 258. NAM		25C. FL
	AUG 25 1965 (0 + 2	Faller Mill or	1/10
15	150-REV. 1/1/65		0.00

FUNERAL DIRECTOR: IMPORTANT

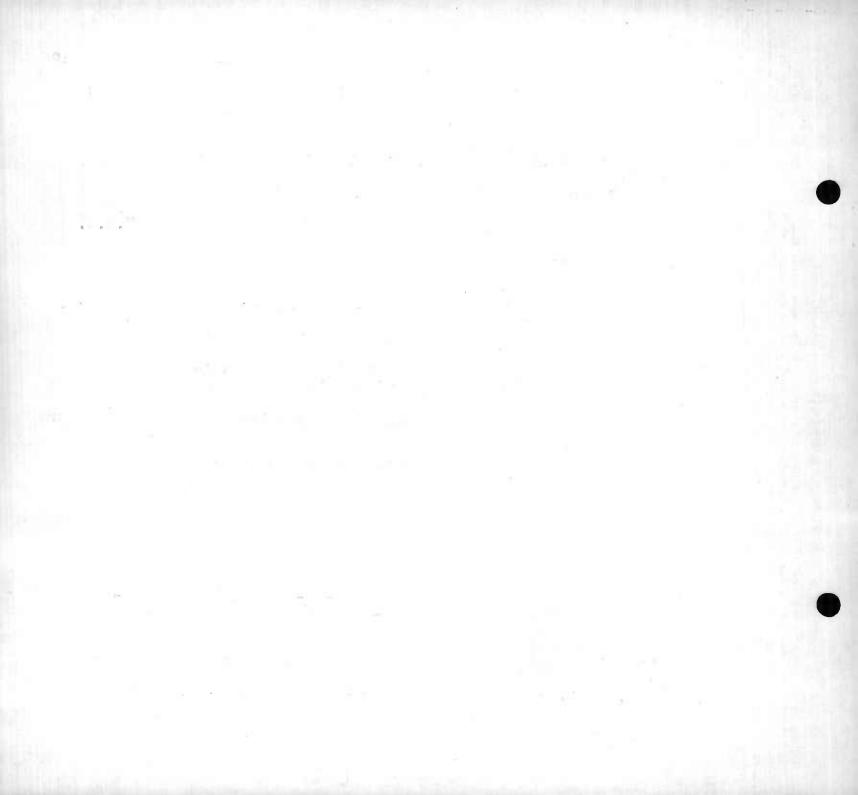
BALTIMORE CITY	HEALTH DEPARTMENT	
CERTIFICA	TE OF DEATH Registere	ed No.65 8792
	2. DATE AND HOUR OF	DEATH 1 2:55 \$0
	4. USUAL RESIDENCE (Where deceased liv	red, It institution: residence before admission)
	A. STATE B. COUNTY	1 Marie
ution, give street	C. CITY OR TOWN (If outside city limits	1. / JEN 4/2
		, write RURAL and give township)
more, Inc.	D. STREET ADDRESS (If rurol, give loco	tion)
more ; Due.	8101 Landover Road	/
RRIED, NEVER MARRIED	B. DATE OF BIRTH 1901 9. AGE (In year	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
idowed -	A 4	Wollins Doys Hours William
D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foleign country)	12. CITIZEN OF
	Maguerans	WHAT COUNTRY?
ASOLINE	MARYLAND	U.S.H.
	14. MOTHER'S MAIDEN NAME	
	FREDA DIERING	En
1 6. SOCIAL	17. INFORMANT	ADDRESS
vice) SECURITY NO.	March C Cont.	0.11
		NDOVERRO HYATTSUILLE MD.
CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
NA	1.170	14 /
(A) /7/	ocardial Interestion	12 hours
e.g., DUE TO		
A.	osclerotic Carcliovascular 6)
(B) TIME	OSCILLOTIC CARCINOVASCULAN E	7.56456
DUE TO giving		
the (C)		
UTING O THE		
FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYII	WERE FINDINGS CONSIDERED
		TO CAUSES OF DEATH.
218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID (If in liftice bldg., INJURY OCCUR?	Boltimore City, give exoct location)
etc.)		
21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	THAT IS THE
White At Not While	e [
Work At Work		A
ded the deceased fram	72 Aug. 19 65 to	
on 22 Hug		ur) apinian death accurred an the date
ve. (1) (We) (did) (did nat) v	lew the bady after death.	
		23 B. DATE SIGNED
M.D. Atte	ending Med. Stoff Phys.	27. Ana 181.
Phy		22 Ang 1865
	23 D. ADDRESS	
M.D.		
4C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION	(City, town, or county) (State)
	0	Marina
The state of the s	METERY BALTIMORE	E, INTAKYLAND
ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1050 YARY RA
starker Hill or	WA COOK DROBES TOWS	on Towson, MD 21264

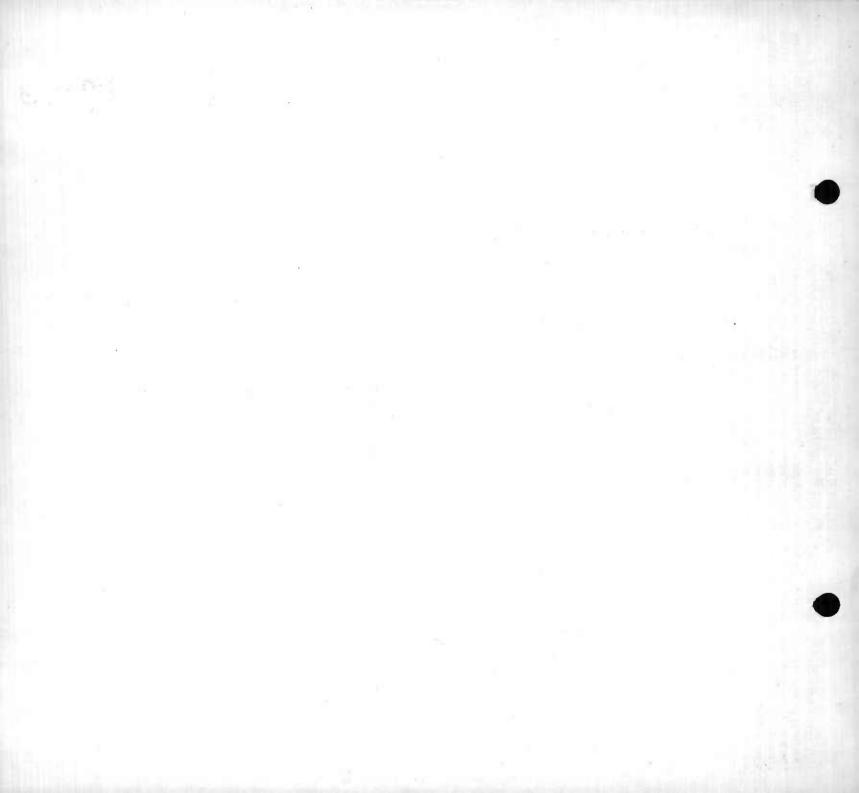


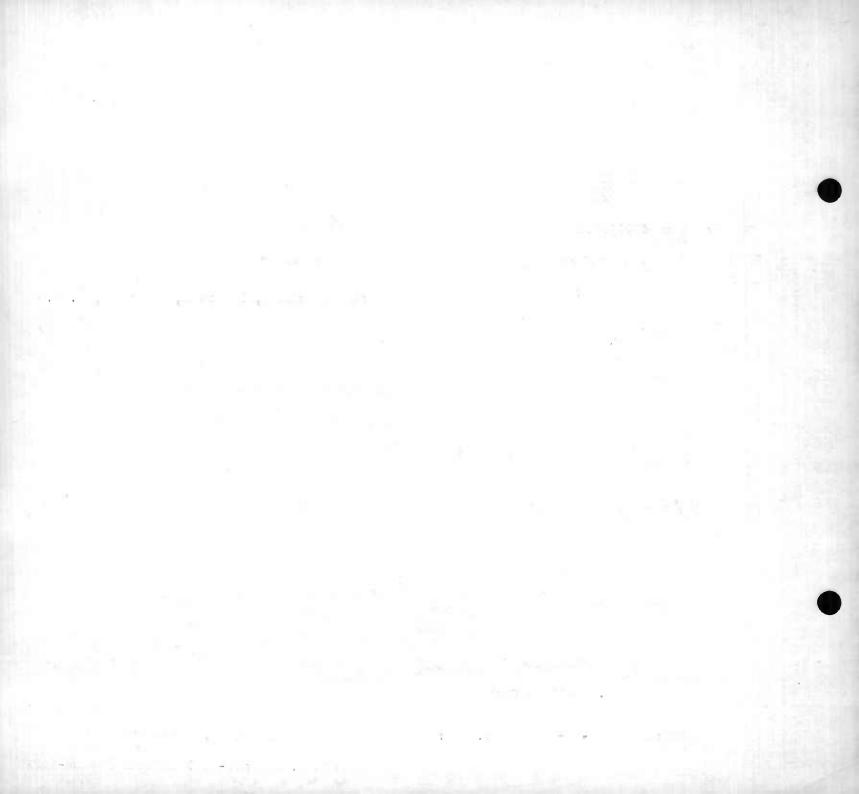
Such	BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) LSSAC JOHNSON R. 2. DATE AND AVGU	Registered No. 5 8793 O HOUR OF DEATH 87 23 1965 1125
cause; (5) Dec attendance o ior to death.	FULL NAME OF HOSPITAL OR oddress or location) ONIVERSITY / LOSP A. STATE 8. COUNT ONE STREET ADDRESS (If ru	ido city limits, write RURAL ond givo fownship) urol, give locotion)
ermined regular eased pr	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign done) during most of working life, even if relired	WHAT COUNTRY?
d; (4) th w on the dispo	LIFT OPERATOR STEEL BAE N. CANO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. SAC JOHNSON SR. 15. Wos Decoused Ever in U. S. Armod Forces? (Yos, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	IE .
Stantiner. Also, It 3) A fracture of any who pronounced in regular attenda are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt failue, asthenia, etc. It means the disease, injury at camplicotian which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stating the UNDERLYING CONDITION last.	INTERVAL BETWEE ONSET AND DEAT
a medical ody burns; (; he physician sician was in the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY 10.00. in or obout 121 C. WHERE DID	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
pital by re; (2) B where the No phy d before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY I.e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME	Ilf in Boltimore City, give exact location
ro the host of any natural (except th); and (6) be obtained	OF INJURY (APPROX.) While At Not While Work At Work	965 to house 23 196
y was released (1) An accident 3. A. at a hospit of prior to deat approval must	23A. SIGNATURE M.D. Attending Med.	Stoff Descript 23, descript 24,
hows: (1) / as D.O.A eceased rritten ap		CATION City, town, or county)



M.E. CASE NO. 1. NAME OF DECEASED	CERTIFICA	ATE OF DEATH	Registered No. 5	
(Type or Print) Vernon F	Parker		-23-1965	7:25 P
3. PLACE OF DEATH IN BALTIMORE, MARYLA FULL NAME OF (If not in hospitol or ins	ND	4. USUAL RESIDENCE (When A. STATE 8. COUN Maryland	re deceased lived. If ins	titution: residence before admission
HOSPITAL OR oddress or locotion) Baltimore Cit		C. CITY OR TOWN (If our Baltimore	side city limits, write RU	JRAL and give township)
4940 Eastern	Avenue		rurol, give location)	01015
Baltimore, Mar	ryland 21224	1606 Balmor		21217
Male Negro 10A. USUAL OCCUPATION (Give kind of work 10B.	VIDOWED, DIVORCED (specily)			If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired)	D PACKING	Virginia		U.S.A.
13. FATHERS NAME Alber	t PARKER	14. MOTHER'S MAIDEN NAM	Roberta	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	Records: BCH-	liolio Essta	rn Avenue, 21224
DISEASE OR CONDITION DIRECTI	Gasti	Pointestinal B		interval between onset and death 9 days
(This does not mean the made of dyin heart failure, osthenia, etc. It means the injury or complication which caused deal ANTECEDENT CAUSES	disease, (I	Mutritional) H	epatic	3 years
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION last.		onic Alcoholis	sm	10 years
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING Puli	nonary Tubercu		
WAS PERFORM		20A. AUTOPSY? (Yes or No	OB IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B, PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (He OF INJURY (APPROX.)	While AI Not Wh	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) att	0 00			3-23- 19 65 Ion death occurred on the date
ond hour and from the couses stated a	bove. (1) (We) (did) (did not)			
23A. SIGNATURE	ene M.D. Al	tending Med.	Stoff Phys.	8-23-1965
NAME (Type) M. Steiner	. M.D	4940 Eastern	Avenue, Bal	ltimore, Marylan
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 5/25/45	24C. NAME of CEMETERY OF C			r, town, or county) (Stote)
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11 - 12	FNGILMORSA







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W)-	-2	3	1
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BIRT	H NO.5	8797	MEDICAL	FXAMINER'S	ALTH DEPARTMENT	OF DEATH Register	65. 8797
M.E	CASE NO.						
1, 1	AME OF DE	CEASED			2. DA	TE AND HOUR PRONOUNCE	D DEAD
	LACE IN BAL	WINF		WESCOAT NOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lives it misti	10:30 A M. tution: residence before admission)
FUL HO INS	L NAME OF	(IF NOT IN ADDRESS O	HOSPITAL OR IN	STITUTION, GIVE STREET		foutside corporate limits, write	RURAL ond give township)
1					D. STREET ADDRESS		DKT/
		CT 1	unes Ves	2447	1 . 1		
5. S	ΕX	6. RACE	Ignes Hosp	IED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
			WIDOW	ED, DIVORCED (specify)		last birthday)	Months Days Hours Min.
1	Male	White			July 13, 19		
	during most of	warking life, even i	f retired)	D OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY?
	rorem	an	G	& E	Camden N.		
13.1	ATHER'S NAM	A E			14. MOTHER'S MAIDEN	NAME	
	Ade	n Wescoat	t		Eliz.	Bourillion	
			ARMED FORCES		17. INFORMANT		ADDRESS
163	No.	All yes, give wo	r or dates of servi	SECONITI NO.	Family		Same
	1B. Ham 1	0,01		CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEA SES RISE TO TH UNDERLY!	, osthenio, etc. mplication which ANTECENDENT OR CONDITIO E ABOVE CAU NG CONDITIOI	NS, IF ANY, GIVE	NG DUE TO NG DUE TO (C)	riosclerotic l		
CERTIF	DISEASE O	CONDITION OF	CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE FIN	
MEDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.		home, farm, factory, street, etc.) 21 E. INJURY OCCURRE	, office bldg., INJURY OCC	DID (If in Boltimore City, giv	re exact lacation)
	22,				WORK		
	I cer	L URE HER'S Rus	ural causes was seell S. F	Accident Suic	ide Hamicide		
	BURIAL CRE	MATION, 23B.	B/26/65	23C. NAME of CEMETER		23D. LOCATION (City, Baltimore, M.	town, or countyl (State)
244	. DATE REC'D	BY HEALTH DE		ME OF REGISTRAR	24C, FUNERAL DII		ADDRESS
1	UG 25	1965	2 4 2 3	a.C. es	McCully	Funeral Home 23	7 Pataspco Ave.

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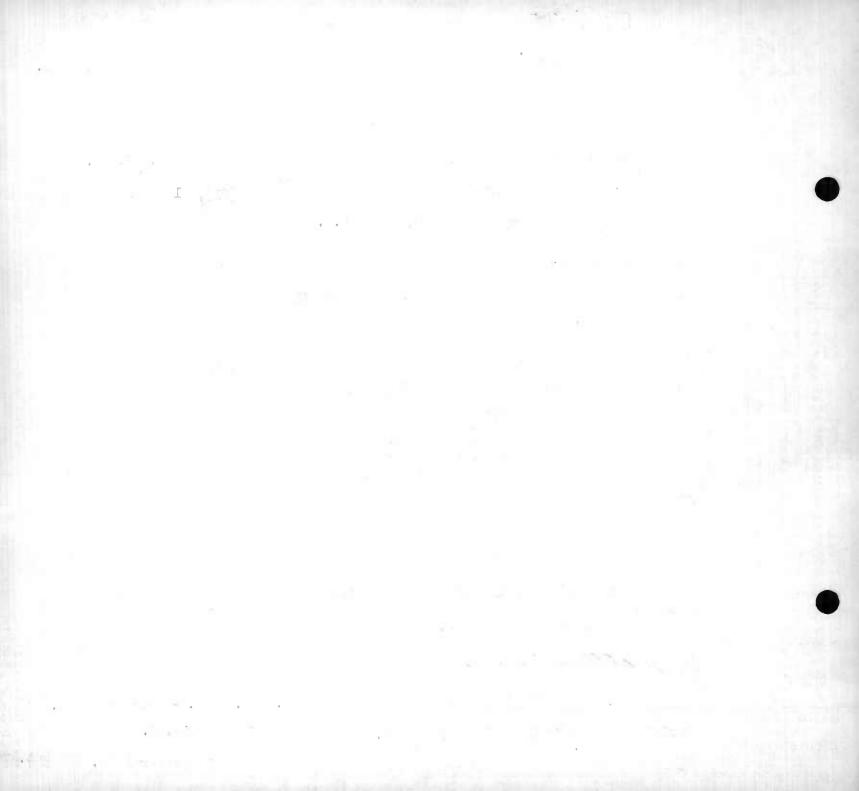
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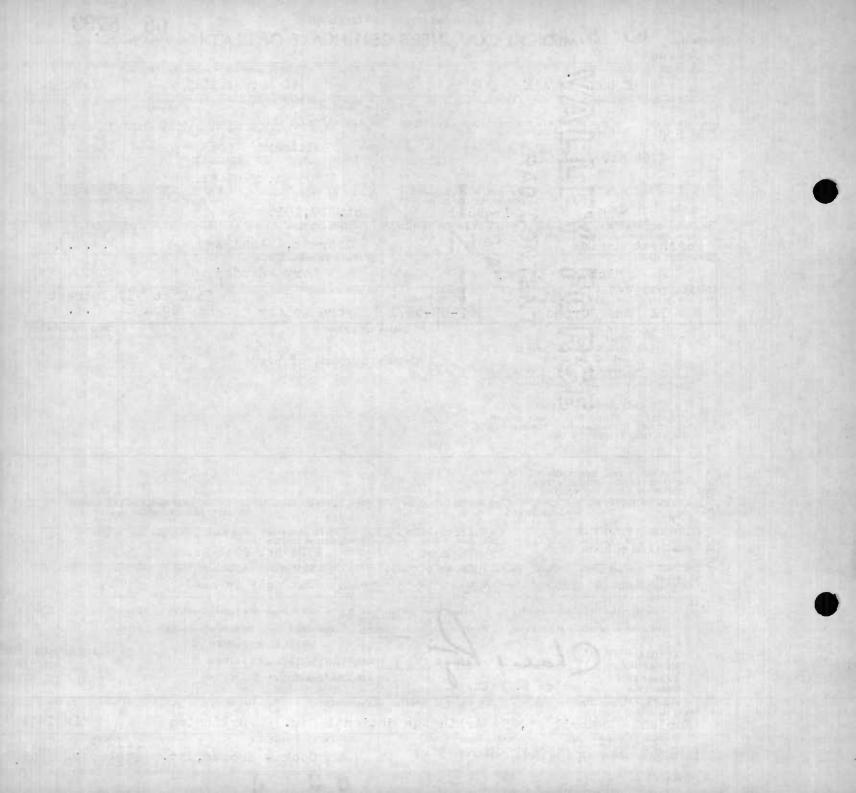
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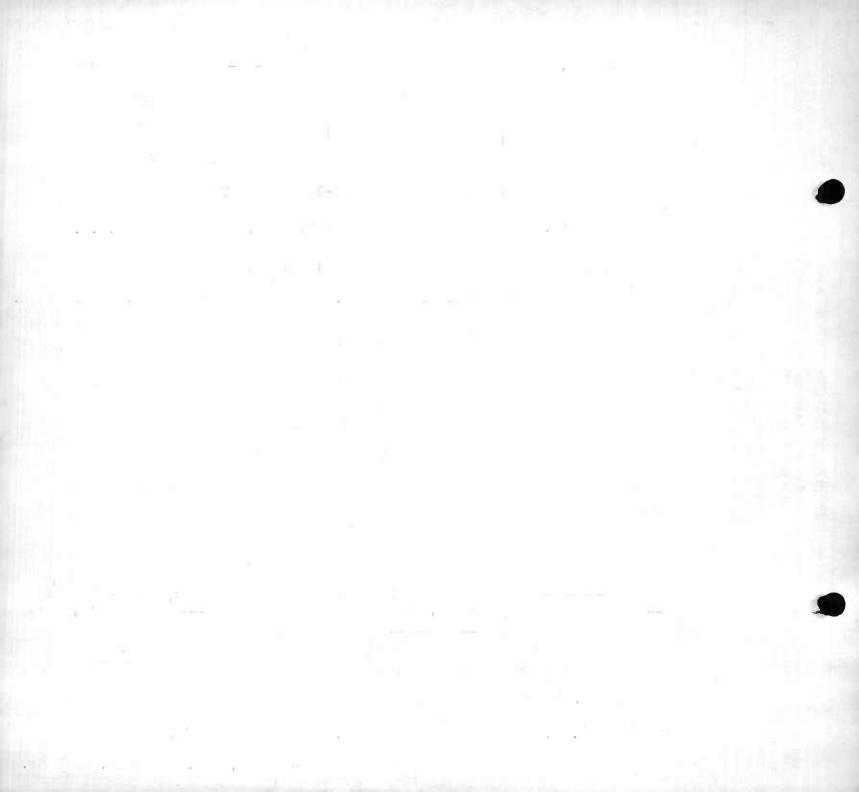
65 87MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

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K	4	5	0
16	-		-

pikin NO.	MEDICAL	-NAMINALIK 5 CI	LKIIICAI		L/~ (109.5.0		
M.E. CASE NO. 1. NAME OF DECEASED	77		1.	DATE AND	HOUR PRONOUNCE	ED DEAD	
(Type or Print) MICHAE	L KOLOMY			20 Augu			11:00 p.
3. PLACE IN BALTIMORE, MA		OUNCED DEAD	4. USUAL RESIDER	NCE (Where de			co before admission)
FULL NAME OF (IF NO HOSPITAL OR ADDRE	SS OR LOCATION)	TTUTION, GIVE STREET		N IIf outside	corporate limits, write	RURAL onde	givo township)
1709 St.	Paul St.		D. STREET ADDRE	imore SS (If rural, g	ive lacation)	10	9.7
			1709	St. Pa	ul St.		
s. sex 6. RACE Cauc	WIDOWED	D, NEVER MARRIED D, DIVORCED (specify) Orced	Oct. 17,	1916	9. AGE (In yours last birthday) 49	If Under I Manths Do	Yr. If Under 24 Hrs.
loa. USUAL OCCUPATION (G. done during most of working life, of Merchant Mar:	ven if retired)	OF BUSINESS OR INDUSTRI		tote or foroign			OF COUNTRY? S.A.
3. FATHER'S NAME Mich	nael Kolomy		14. MOTHER'S MA		daj	-	
5. WAS DECEASED EVER IN Yos, no or unknown) (If yes, giv W W II and I		16. SOCIAL SECURITY NO. 367-09-6271	Myorn Ke	olomy	53 Eas		Street N.Y.
ANTECEND DISEASES OR COND RISE TO THE ABOVE C UNDERLYING COND	ENT CAUSES TIONS, IF ANY, GIVINI TIONS AND STATING TH TION LAST.	G (B) E (C)					
		THE	20A. AUTOPSY?	(Yos or No) 20	DB. IF YES, WERE FIL	NDINGS CON	SIDERED
	WAS PERFORMED		yes	11	CERTIFYING CAU	SES OF DEAT	H?
21A. EXTERNAL CAUSE VIUNDERLYING OF CONTUING CAUSE OF DEA	VAS 21 RIB- ho TH. of	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) home		HERE DID III OCCUR?)9 St. P	in Boltimoro City, gi aul St.	ve exoct locat	ion)
21D TIME (Month) OF INJURY (APPROXAUGUST 14	. 1965	21E. INJURY OCCURRED WHILE AT NOT AT WORK		w dd injur ot self			
	held an Inquiry 🗌 Natural causes 🗌		tapsy X and	e Un	basis, death in n		
ACTUAL SIGNATURE_	Dharks	Fairy M.D	ASSISTANT ME		MINER X		DATE SIGNED
EXAMINER'S NAME (Type)	Charles S. P		ASSOCIATE ME	EDICAL EXA	Ministra		/21/65
REMOVAL (Specify)	23B DATE April 25,65	Arlington Na		m . 23 D. LO	cation ICity, Arlington	, town, or coul	Virgini
AUG 25 1965	DEPT. 248, NAA	NE OF REGISTRAR	24C. FUNERA	L DIRECTOR	ooks, Inc.	1217	St. Paul imore 2 M
VS 151-REV. 1/1/65	0.E 3 (A	6500	007	1 4			

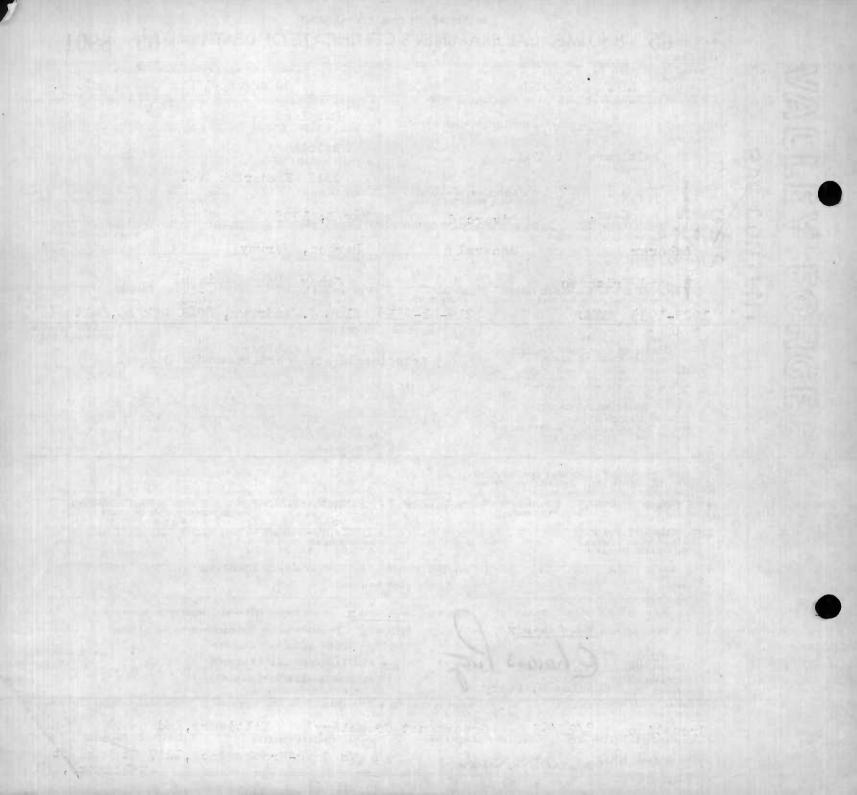


VS 150-REV. 1/1/65



1				BALTIMORE CITY HEAL	TH DEPARTMENT			
	BIRTH NO. 6.5	8801MED	ICAL EX	AMINER'S C	ERTIFICATE	OF DE	EATH Registe	red No
	M.E. CASE NO.	0002						00
F-125	1. NAME OF DE	CEASED A.			2.	DATE AND	HOUR PRONOUNCE	D DEAD
F 600	(Type of This	LIEF ERICKS	SEN				ust 1965	
		TIMORE, MARYLAND, W		JNCED DEAD JNON, GIVE STREET	A. STATE Maryla	and	ceosed lived. II insti B. COU	NTY
	HOSPITAL OR	ADDRESS OR LOCA	ATION)	JIION, GIVE SIKEEI	c. CITY OR TOWN		corporate limits, write	RURAL on
9	Ва	<pre>1timore City</pre>	Jail		D. STREET ADDRES		ve location)	00
10					2312		ick Ave.	
	5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under Months
	Mole	Cauc.	Divo	F BUSINESS OR INDUSTR	May 1, 10	905	60	12. CITIZE
	done during most of	working life, even if retired)	Gene		Bergen.	Norway		WHA
	Laborer General				14. MOTHER'S MAI	DEN NAME		
	Edward Erichsen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL				Jenny	Unk	Noidahl	
	(Yes, no or unknown	(If yes, give wor or dot	es of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		8622	ADDRESS
	1923-192	9 USMC		219-01-0518	Elsa J.	Andrew	o Kaya e	ak Rd
		SE OR CONDITION D LEADING TO DEATH not meon the mode of , osthenio, etc. It meon mplicotion which coused	4		osclerotic	cardio	vascular d	isease
	DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUS OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	ES ANY, GIVING TATING THE	(B)				
	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO 1					
	19A. DATE OF	F OPERATION 198, CON		WHICH OPERATION	yes		B. IF YES, WERE FILL I CERTIFYING CAUS	
	21 A. EXTERNA UNDERLYING UTING CAL		21 B. home etc.)	PLACE OF INJURY (e.g., e., form, foctory, street,	in or obout 21C. WH	ERE DID (If	in Boltimore City, gi	ve exoct lo
	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT AT W	WHILE	V DID INJUR	Y OCCUR?	
		tify that I held on	Inquiry 🗌		tapsy x ond t		bosis, deoth In m	

3:55 p. ence before admission) d give township) 1 Yr. If Under 24 Hrs. Doys | Hours , Min. EN OF USA ,Balto (34) INTERVAL BETWEEN ONSET AND DEATH ONSIDERED ATH? cotion) resulted from: Natural couses 🔀 Suicide Homicide Undetermined manner Accident ___ CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 8/21/65 EXAMINER'S NAME (Type) Charles S. Petty ASSOCIATE MEDICAL EXAMINER 23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore, Md Cremation 8/23/65 Greemmount Crematory 24C. FUNERAL DIRECTOR ADDRESS 248, NAME OF REGISTRAR Wm Cook*Brooks Inc ,1217 St Paul St Baltimore, VS 151-REV. 1/1/65



VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

500003

24C. FUNERAL DIRECTOR

248, NAME OF REGISTRAR

Wm Cook - Brooks, Inc. 1217 St. Paul St.

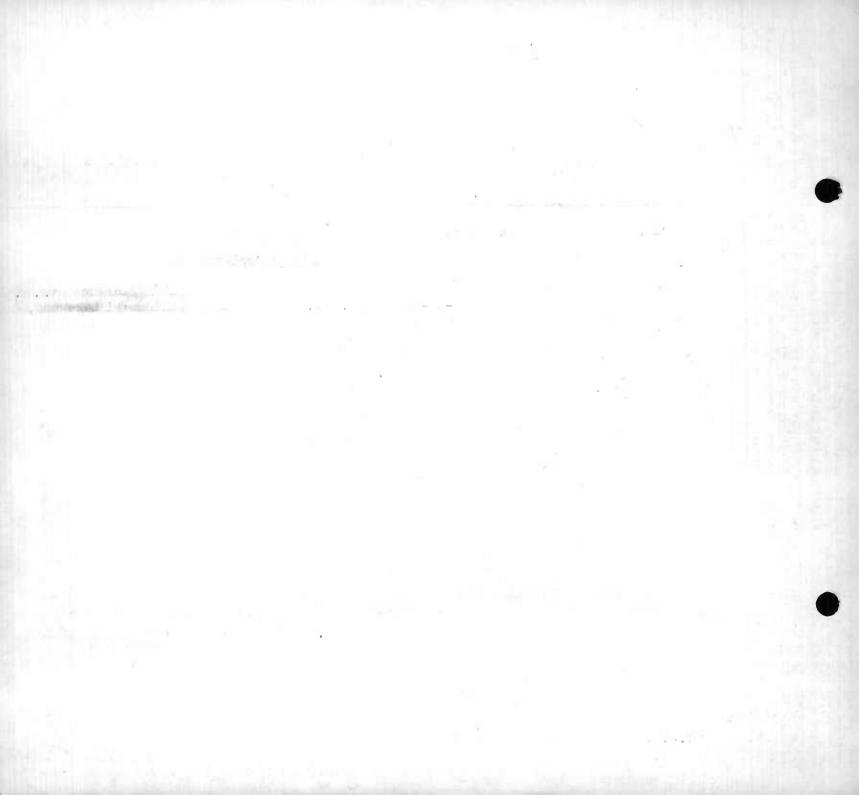
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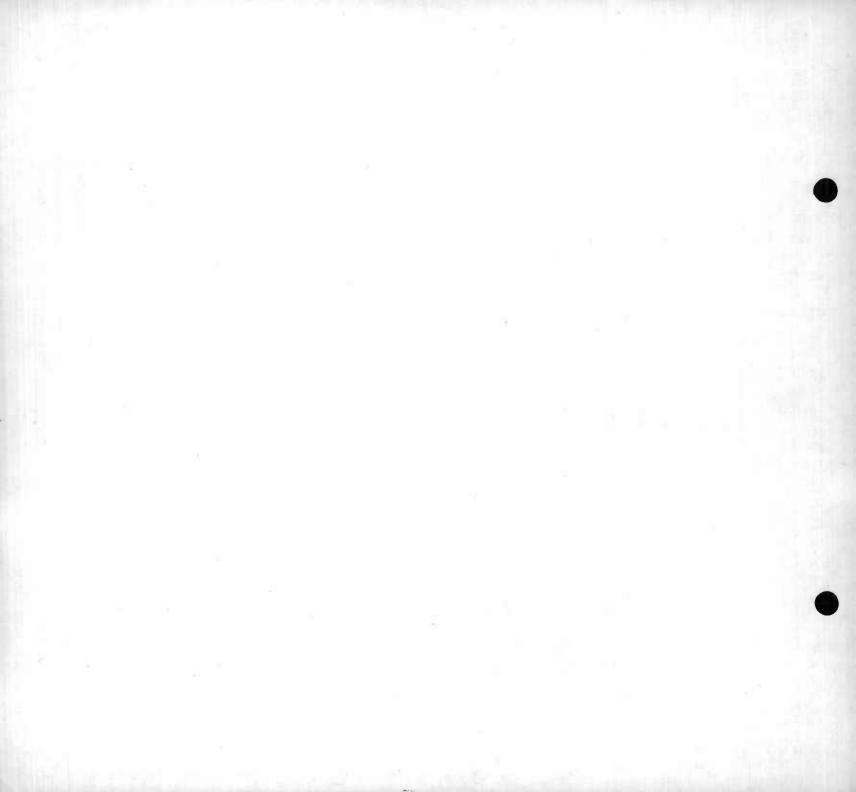
VS 150-REV. 1/1/65

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cause o use; (5) D rendance	FL H		ospitol or institution location)		C. CITY OF BA	y land Hown Would	tside city limits, write	RURAL ond give township?
d a b	5. SE	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months! Doys Hours
ontrik ermin regul eased is ma	10A	USUAL OCCUPATION (Give kind		Divorsed		ACE (State or fore)	64	
irect or continued to the continue the december disposition	done	during most of working life, even if real estady				ingland	gii counny,	12. CITIZEN OF WHAT COUNTRY?
was the spos		r. Robert McNutt			14. MOTHE	R'S MAIDEN NA	all the state of t	lean
		r. Robert 196		1 6. SOCIAL	17. INFORM		binson/Boo	ADDRESS ADDRESS
kin dec ce	(Yes,	no or unknown) (If yes, give wor	or dates of service)	SECURITY NO.			11	124 Clarence Avo Linowski Lakewoo
any ced ndan or fi	1	B.5 81.01		063-12-5170 CAUSE O				linowski Lakewood onset and dead ons
s; (3) A fraction who pairs in regul	1	ANTECEDENT CA DISEASES OR CONDITIONS rise to the above cause UNDERLYING CONDITION to	S, if any, giving the cast. ONS CONTRIBUTION	e (C)	A.	0		
odical vurns; nysicic n was emain	ON	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT						
dy bue phy ician he re	ATIO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 9A.DATE OF OPERATION 198	ISING IT.	WHICH OPERATION	20A. AU	TOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
by a m (2) Body ore the p physicial	AL CERTIFICATIO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 9A.DATE OF OPERATION 198	ISING IT. B. CONDITION FOR AS PERFORMED YING 21 bc	B. PLACE OF INJURY (e.g., i	n or obout 21	C. WHERE DID	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
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to the hospital by a m of any nature; (2) Body al (except where the p th); and (6) No physicia be obtained before the	MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 9A. DATE OF OPERATION 198 WA 21A. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE O DEATH (notify medical examines) 21D. TIME (Month) IDoy) DE INJURY	SING IT. B. CONDITION FOR AS PERFORMED TING 21 22 23 24 24 24 24 24 24	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.) E. INJURY OCCURRED (hile At Not While At Work A	nor obout 21 fice bldg., IN	C. WHERE DID JURY OCCUR? F. HOW DID INJ	URY OCCUR?	re City, give exact location)
eased to the hospital by a mident of any nature; (2) Body nospital (except where the peach); and (6) No physicia must be obtained before the	MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 9A-DATE OF OPERATION 198 WA 21A. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE O DEATH (notify medical examine) 21D. TIME (Month) 1Day) APPROX.) 12. 1 certify that (1) (this had) hat (1) (we) last saw the de and haur and from the cause 3A. SIGNATURE 13C. PHYSICIAN'S	SING IT. B. CONDITION FOR AS PERFORMED TING 21 22 23 24 24 24 24 24 24	B. PLACE OF INJURY (e.g., in the deceased from t	nor obout 21 fice bldg., IN	F. HOW DID INJ	URY OCCUR?	re City, give exact location)
sased to the hospital by a m dent of any nature; (2) Body iospital (except where the p death); and (6) No physicia must be obtained before the	MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 9A. DATE OF OPERATION 198 WA 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical examines) 21D. TIME (Month) 1Day) 12. 1 certify that (1) (this had) 14. 1 (1) (we) last saw the decord hour and from the cause 3A. SIGNATURE	SING IT. B. CONDITION FOR AS PERFORMED TING 21	B. PLACE OF INJURY (e.g., in the deceased from t	n or obout 21 ffice bldg., IN 21 Final 22 The conding Condina Condina Condina Condina	F. HOW DID INJ	URY OCCUR?	Lights T 23 19 pointon death occurred on the party of the signed



		TY HEALTH DEPARTMENT		
	TH NO. 45 2044 65 8805 CERTIFIC	ATE OF DEATH	Registered No.	5 8805
1,1	L CASE NO.	2. DATE ANI	D HOUR OF DEATH	0000
_	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before admission)
		A. STATE B. COUNT	n > -	3-11
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outs	side city fimits, write RUR	AL and give township)
~	the Johns Honkins HOSD	Baltimer D. STREET ADDRESS (H)	urol, give location)	
	The state of the s	121 West	Herenbe	ing St.
7	enale Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8/16/65	ost Birthdoy)	Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST a during most of working life, even if retired)	Baltimero	in country)	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	AF	W.S-A
	Eugenl Kelly	CECELIA	KELLY	
15. (Ye	Was Deceded Ever in U. S. Armed Forces? 16. SOCIAL SECURITY No.	17. INFORMANT	NEL-	ADDRESS
		THOSpita	1 Reco	ed,
	18. 560.21 CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	reoferred Dm	phalocele	From birth
	(This does not mean the made at dying, e.g., DUE TO	the first in the second of the	#	16 hour 9 hun
	injury or complication which caused death.) ANTECEDENT CAUSES (B)	Prematicity		"
	DISEASES OR CONDITIONS, if any, giving			
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost,		***************************************	
z	- NO/ II		PROFILE TO SE	
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
RTIFICA	19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
CERT	38/16/65 WAS PERFORMED Ourphal 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 10.00	163		ty, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	, and a solution of	ny, give exact localion.
1EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJU	JRY OCCUR?	
~	(APPROX) While At Work Not W	rk 🗀		
	The second secon	0 13	9 65 to Alla	1 5141
	The transfer of the transfer o	/ [it in (my) (our) opinion	n death occurred on the date
	and hour and from the couses stated above. (I) (We) (did) (did not 23A, SIGNATURE	view the body after deoth.	23	B. DATE SIGNED
	Shi- shing Humis M.O.	Med. Director	Stoff Phys.	8/16/65
		23D. ADDRESS	11	1 //
	23C. PHYSICIAN'S NAME (Type) SHI-SHUNG HUANG M.	. The yole	us Hopk	un Hosp.
24	A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LO	CATION (City,	town, or county) (Stote)
25	SUPLIAL S-19-65 WILLIAM IA	25C. JUNERAL DIRECTOR	Walte.	ADDRESS
	AUG 25 1965 P. P. B. F. J. R. W. S.	Apriliano Co	adenos 21	E Prenton Sh
	TO CONTRACTOR OF THE PARTY OF T	The flat of	THE WOOD STI	O I TOO WIL OT

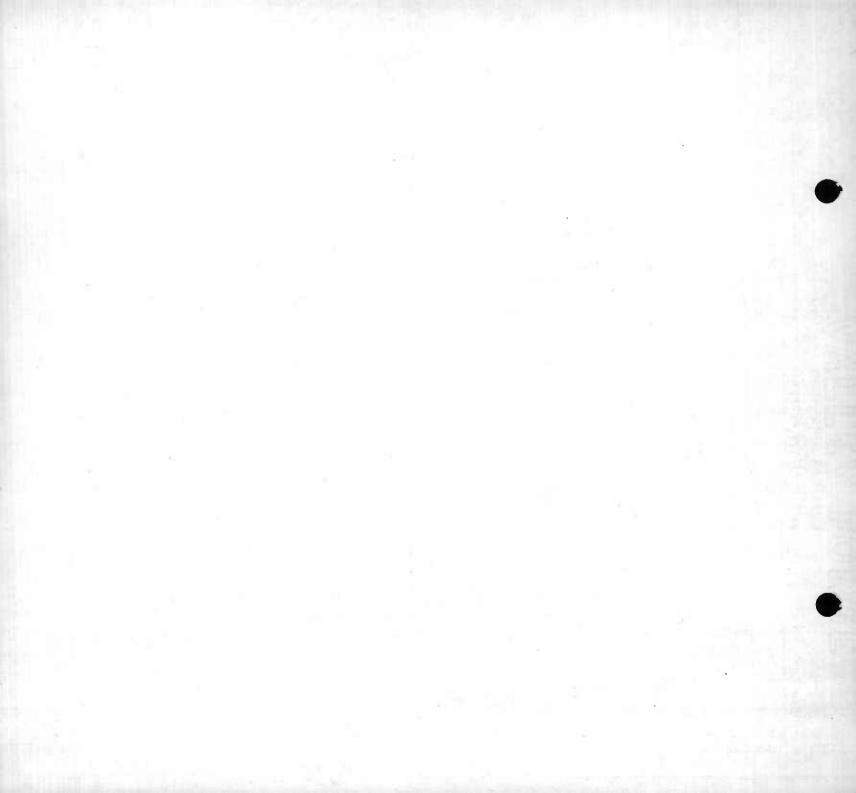


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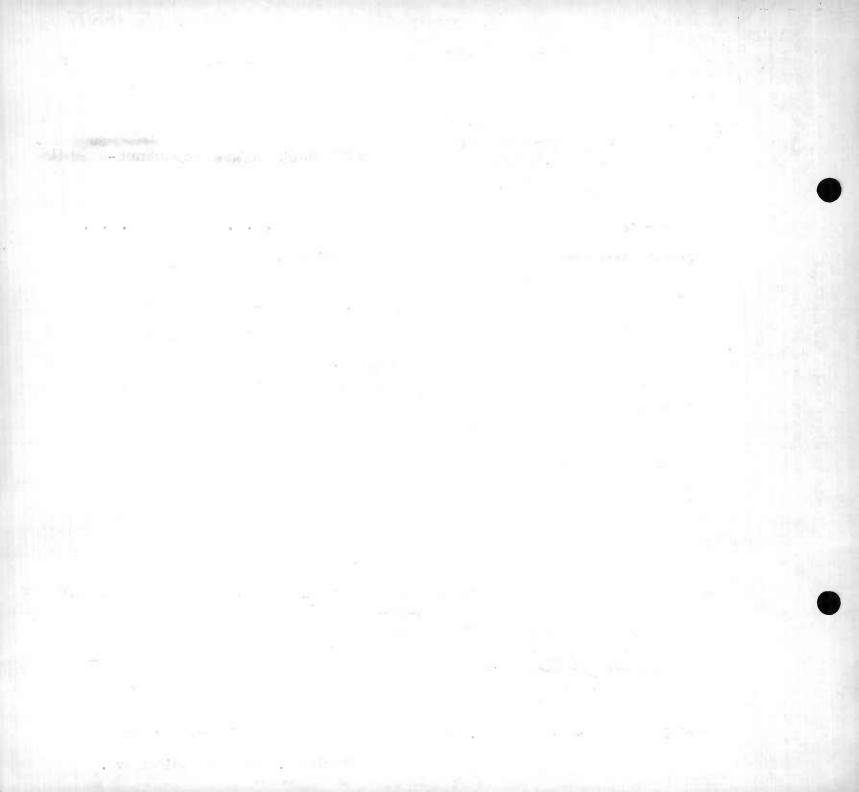
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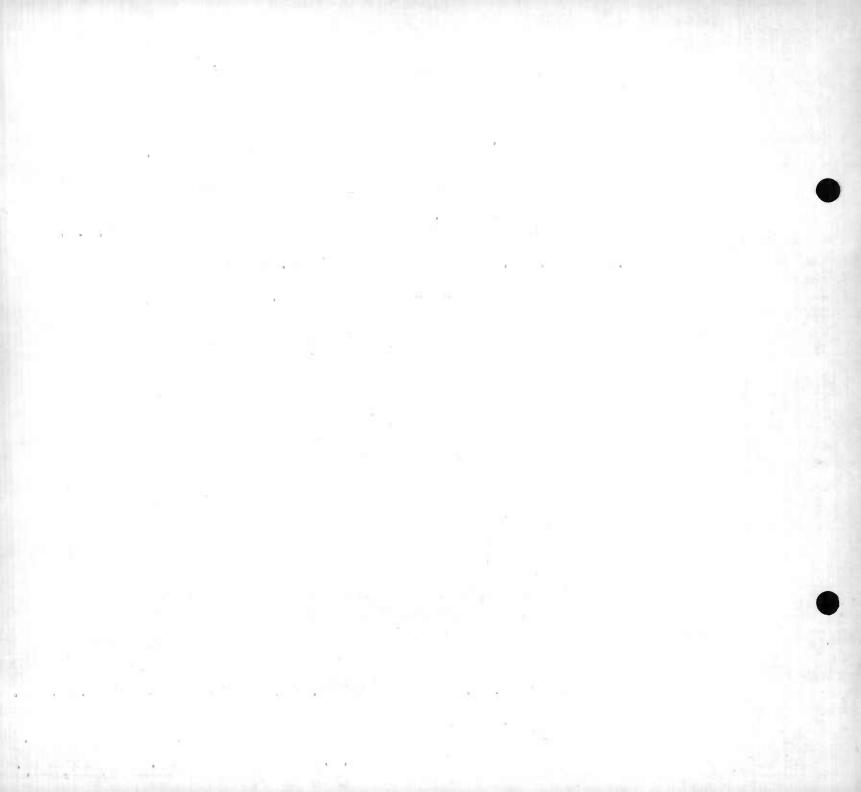
BALTIMORE CITY HEALTH DEPARTMENT



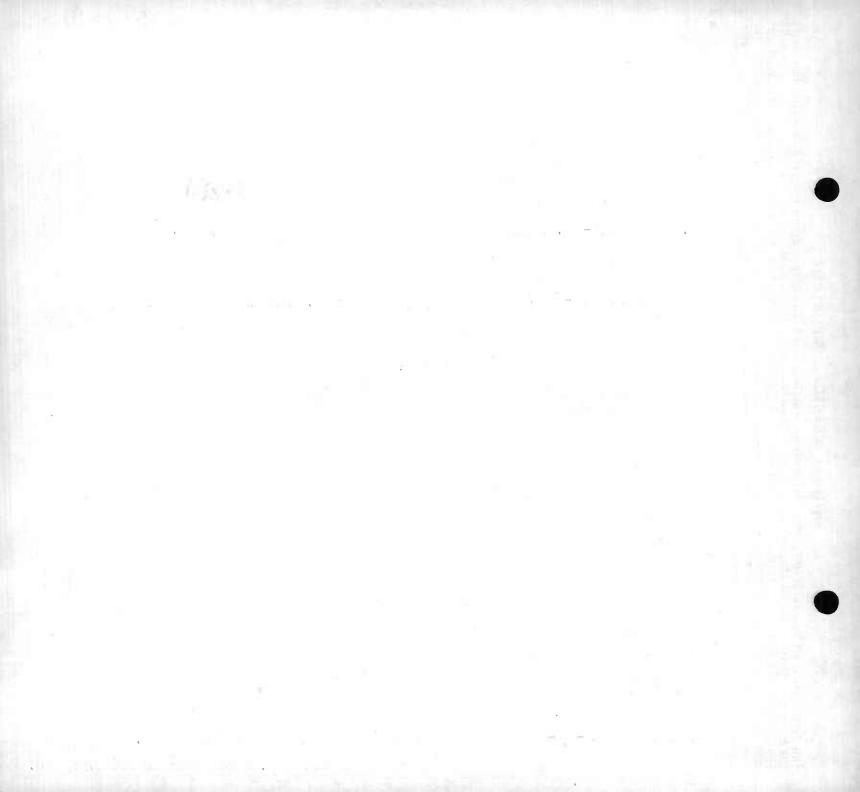
M.E. CASE 1. NAME OF	DECEASED	Jeanette N	icCoy		8-23-1965	
3. PLACE O	F DEATH IN BALTIM	ORE MARYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived. If	7:00 P
FULL NA	ME OF (II not in	hospital ar institution,	give sheel	Maryland		
HOSPITA	ON	or locotion)				e RURAL and give township)
21	ваттіш	ore City He astern Ave	ospitais	Baltimore D. STREET ADDRESS	(If rural, give lacation)	100
- /		ore Maryla		2610 West	Lafayette A	Avenue- 21216
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
Femal	e Negr	o Wid	owed	2-2-1892 RY 11. BIRTHPLACE (Stote	73	No CITATO OF
done during r	nost of working life, even		BOSINESS OK INDUSTI			12. CITIZEN OF WHAT COUNTRY?
Do:	mestic			Washington		U.S.A.
	eph Stevens	on		Harriett ?		
15. Was Dec	eosed Ever in U. S. /	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	known/lif yes, give w	var ar dates al service)	SECURITY NO.	Pagard - Do	H-4940 East	iama Arrania 0100
18.3	3/X I		CAUSE	OF DEATH	n-4940 rast	interval Between
	ISEASÉ OR CONDI		Gene	eralized Art	erioscleros	
(This o	LEADING TO oes not mean the	made of dying, e.g.,	(A) DUE TO			10000 000 000 000 000 000 000 000 000 0
heart le	nilure, asthenia, etc. 11 camplication whic	It means the disease,	Rig	ght sided Ce	erebral	
	ANTECEDENT	CAUSES	(B) Vasc	cular Accide	ent	l year
The state of the s						
		NS, if any, giving				
rise 1		use (A) slaling the	(c)			
rise 1 UNDE	a the above cau RLYING CONDITION	use (A) stating the last,	(C)			
NO OTHER TO TO TO DISEASE	a the above cau REVING CONDITION II SIGNIFICANT COND HE DEATH BUT N E OR CONDITION C	use (A) stating the last, of the last, of the last of	(C)			E FINDINGS CONSIDERED
UNDE	a the abave cau REYING CONDITION II SIGNIFICANT COND HE DEATH BUT N E OR CONDITION C	use (A) stating the last. Outlions CONTRIBUTIN NOT RELATED TO THE	(C)			E FINDINGS CONSIDERED
TISE TO	a the abave cau REYING CONDITION II SIGNIFICANT COND HE DEATH BUT N E OR CONDITION C	USE (A) Stating The I last, DITIONS CONTRIBUTING TO THE AUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING 1218 E OF 218	G WHICH OPERATION PLACE OF INJURY (e.g. form, foctory, street,	20A. AUTOPSY? (Yes	oi No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? OIE City, give exact location)
VO OTHER TO T T DISEA: UNDEL VO OTHER TO T T O T T O T O T O T O T O T O T O	a the abave cau RLYING CONDITION SIGNIFICANT CONDITION HE DEATH BUT N HE OF CONDITION C TE OF OPERATION CCIDENT WAS UNDE NTRIBUTING CAUS (notify medical examinate) AE (Month) (Do)	USE (A) Stating The I last, DITIONS CONTRIBUTING TO THE AUSING IT. 198. CONDITION FOR WAS PERFORMED RELYING TO THE HONOR TO THE HONOR TO THE AUSING TO THE HONOR TO THE HON	G WHICH OPERATION PLACE OF INJURY (e.g. ne, form, factory, street,) INJURY OCCURRED	20A. AUTOPSY? (Yes NO , in 01 obout 21C. WHERE to office bldg., INJURY OCCI	oi No) 208. IF YES, WERI IN CERTIFYING C	
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OTHER TO TO STATE OF INJ (APPRO	a the abave care RLYING CONDITION II SIGNIFICANT CONDITION HE DEATH BUT N HE OR CONDITION C TE OF OPERATION CCIDENT WAS UNDE NTRIBUTING CAUS (notify medical examinate) AE (Manth) (Doy JRY XX) Pertify that (I) (this	USE (A) Stating The I last, DITIONS CONTRIBUTING TO THE AUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING TO THE AUSING	G STE WHICH OPERATION A PLACE OF INJURY (e.g. ne, form, factory, street, or street) INJURY OCCURRED STEEL Not Wark At Wo he deceased from	20A. AUTOPSY? (Yes NO , in or obout 21C. WHERE to office bldgs. 21F. HOW DI	OI No) 208. IF YES, WERI IN CERTIFYING COUR? DID (If in Boltime of the country o	ore City, give exact location) 8-23-19-6
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TISE I UNDER TO THE TO	SIGNIFICANT CONDITION SIGNIFICANT CONDITION LE DEATH BUT N SE OR CONDITION C TE OF OPERATION CCIDENT WAS UNDER NTRIBUTING CAUS (notify medical examination of the continuous continuous caus) AE (Month) (Do) JRY X.) Pertify that (I) (this is a continuous continuous caus)	USE (A) stating the lost, DITIONS CONTRIBUTIN NOT RELATED TO THAUSING IT. 198. CONDITION FOR WAS PERFORMED RLYING 218 600 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 610 6	WHICH OPERATION PLACE OF INJURY (e.g. ne, form, foctory, street, stre	20A. AUTOPSY? (Yes NO , in or obout 21C. WHERE I office bldg., INJURY OCCI- 21F. HOW DI hile	OI No) 208. IF YES, WERI IN CERTIFYING C IN CERTIFYING C UR? D INJURY OCCUR? 19 64 to ond that in (my) (our) opeoth.	8-23-19-6. plnlan death occurred on the d
OTHER TO	AE (Month) (Doy NY) TSICIAN'S (we) lost saw the continued of the continu	DITIONS CONTRIBUTING TRELATED TO THAUSING IT. 198. CONDITION FOR WAS PERFORMED RLYING Hour Hour Hour Hour Hour Hour Hour Hour	GEWHICH OPERATION PLACE OF INJURY (e.g. ne, form, foctory, street, or injury occurred items of the control of	20A. AUTOPSY? (Yes NO., in or obout 21C. WHERE to office bldg., INJURY OCCI.) 21F. HOW DI hile 1965 of view the body ofter de literating Med. Director 23D. ADDRESS	OI No) 208. IF YES, WERI IN CERTIFYING COID (If in Boltimo UR? D INJURY OCCUR? 19 64 to ond that in (my) (our) opeoth. Stoff Phys. X	8=23 = 19 65 pinion death occurred on the d 238. DATE SIGNED 8-23-1965
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TISE I UNDER UNDER OTHER TO T UNDER 19 A. DA 19 A. DA 21 A. AA OR CO DEATH OF INJ (APPRO 22. I c thot (I' ond ho 23 A. SIG	AE (Manth) (Doy Trify that (I) (this (we) lost saw the ur and from the control (NATURE VICTOR WAS (NOTE OF OPERATION) AE (Manth) (Doy	DITIONS CONTRIBUTING TRELATED TO THAUSING IT. 198. CONDITION FOR WAS PERFORMED ERLYING Hoon (Hour) (Year) (Hour) 21E Who was performed to deceased alive on uses stoted above. (Duryle Date 24C. N	GEWHICH OPERATION PLACE OF INJURY (e.g. ne, form, foctory, street, or injury occurred items of the control of	20A. AUTOPSY? (Yes NO in or obout 21C. WHERE to office bldg., NJURY OCCI 21F. HOW DI hile 19 65 view the body ofter do the company of the com	OI No) 208. IF YES, WERI IN CERTIFYING COUR? DINJURY OCCUR? 19 64 to ond that in (my) (our) of phys. Avenue, I	8=23= 19 6. plulon death occurred on the d 23B. DATE SIGNED 8-23-1965 Baltimore, Maryla (City, town, or county) (State



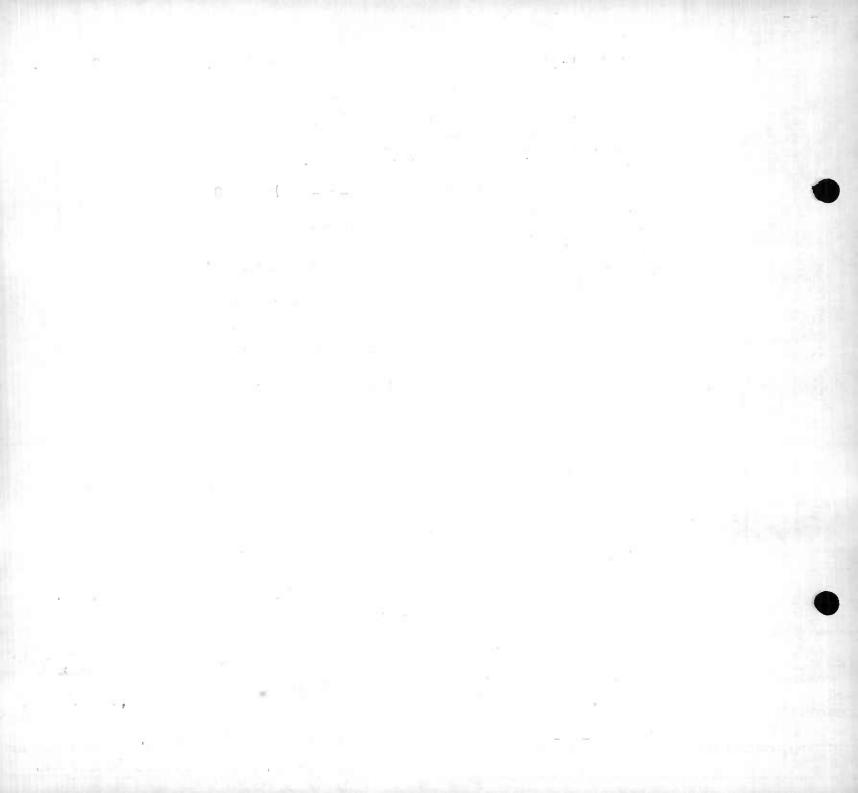
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CE 9040	BALTIMORE CITY HEALTH DEPARTMENT	05 0040
BIRTH NO. 65 8810 M.E. CASE NO.	CERTIFICATE OF DEATH	Registered Na. 65 8810
1. NAME OF DECEASED (Type or Print) TAMES	Homas. 2. DATE	AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		here deceased lived. If institution; residence before a
FULL NAME OF (If not in hospital or institution, goddress or location)	c. CITY OR TOWN (IF	outside city limits, write RURAL and give township)
y Don Décauxs		(If rurol, give location)
	3730 G	REEN mount award
M (1) WIDOWED		9. AGE (In years If Under 1 Yr. If Under lost birthdow Months Doys Hours
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fo	oreign country) 12. CITIZEN OF WHAT COUNTRY?
Ret. Engineer-Md. State A	Roads Partin	10R6, Md. 11.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME O CA A A A
15, Was Decoased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT	a K. GERMANY ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	
Unkroweck yes-W 1	220225230 Alma E. Thom	mas same
DISEASE OR CONDITION DIRECTLY	0	ONSET AND DE
LEADING TO DEATH	(A) Rupfured aneum	your, abd, hours
(This does not mean the mode of dying, e.g., heart latiture, astherio, etc. It means the disease,	(B) Severe arthering	ante
injury at camplication which coused death.) ANTECEDENT CAUSES	(B) Severe arthering	relevos year
DISEASES OR CONDITIONS, if any, giving	DUE TO	
rise to the obave couse (A) stating the UNDERLYING CONDITION last.	(C)	
- 11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	WHICH OPERATION 20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FINDINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) etc.)	PLACE OF INJURY (e.g., in or obout 21C. WHERE DID e, form, loctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
U	INJURY OCCURRED 21F. HOW DID I	NJURY OCCUR?
W OF INJURY	le At Not While	
22. I certify that (I) (this hospital) attended th		1968 10 abrent 29 19
that (1) (we) last saw the deceased alive on	Prox. + 20	that in(my) (aur) apinion death accurred an
and have and from the causes stated above. (1)	A	
23A. SIGNATURE		23 B. DATE SIGNED
Juno sour	M.D. Attending Med. Director	Stoff Phys. V & 24/6
23C. PHYSICIAN'S NAME (Type) A RSEN 10 SA	23D. ADDRESS	
	NTOJ M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)		LOCATION (City, town, or county)
SA, DATE REC'D BY HEALTH DEPT. 758. NAME O	timore, National (em 125C, FUNERAL DIRECT	Baltimore, Md. ADDRESS
AUG 05 1065 A 0 0 7	1 Leonard 9	Ruck Inc Baltimore,
- AUU Z D 1303 (12 /). /+ > xta.	Alexander of the second	1



	CASE NO.		811	CERTIFIC	AIEC		AND HOUR OF DEAT	.65 H	0811
Туре	or Print) Lu	Ligi D'Ami	co			Augu	st 20. 196	55	4:20 P.
3. PL	ACE OF DEATH	I IN BALTIMORE, MA	RYLAND		A. STA	AL RESIDENCE (WI	here deceased lived. If	institution:	esidence before admissi
H	JLL NAME OF OSPITAL OR ISTITUTION	(If not in hospital oddress or location	n)		Ma c. cin	ryland	outside city limits, write	e RURAL on	d give township)
1		Baltimor	e City	Hospital:	II Da	ltimore			
/		4940 Eas	tern A	venue yland 2122	1		If rural, give lacation)		
S. SE	v 14	RACE				4 E. 30t	9. AGE (In years	2121	
		White	WIDOWE	NEVER MARRIED), DIVORCED (specify) ingle			last birthday)		Days Haurs Min.
done	during most of wor	king lile, even if retired)	IOB, KIND OF	BUSINESS OR INDUS	IRT II. BIRI	HPLACE (State of to	reign country)		ZEN OF AT COUNTRY?
	.aborer				It	aly		U.S	SA
13. F	ATHERS NAME				14. MO	THER'S MAIDEN N	AME		
	Not kn	nown				Not kno	wn		
15. W (Yes.	os Deceased Ev	er in U. S. Armed Far	ces?	1 6. SOCIAL SECURITY NO.	17. INFO	PRMANT			ADDRESS
		, , , , , , , , , , , , , , , , , , , ,		SECONIII NO.	REC	ORDS - BC	н 4940 Еа	atomo	Avenue 212
1	8. 435	2./1		CAUS	OF DEAT	H	11 1710 Eas	stern	INTERVAL BETWEEN
		OR CONDITION DI	RECTLY						ONSET AND DEATH
		ADING TO DEATH		(A) Ce	rebra	1 Vascul	ar Accider	1t 13	Months
1	This does not heart failure, as	mean the made of thenia, etc. It means	dying, e.g., the disease.	, DUE TO					
		cation which caused				A see le see le see		7	Zooma.
	AN	TECEDENT CAUSES		(B) Ca.	diac	Arrhythm	1a		<u> Years</u>
		CONDITIONS, if							
		abave cause (A)	slaling lhe	(C)					••••••••••
-		11							
12	TO THE DEA	ANT CONDITIONS C TH BUT NOT RELA ONDITION CAUSING I	ATED TO TH	Ē					
5	9A. DATE OF O		DITION FOR	VHICH OPERATION	20A.	AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS	CONSIDERED
ERTI	2					Yes			Ves
1	A CCIDENT	WAS UNDERLYING CAUSE OF	21 B	PLACE OF INJURY (e. larm, foctory, stree	g., in or obou	121C, WHERE DID	(If in Boltim	are City, giv	e exact location)
CAL	DEATH (natify me	edical examiner)	etc.						
0 2	OF INJURY	Manth) (Dayl (Yearl	(Hour) 21E.	INJURY OCCURRED		21 F. HOW DID IN	NJURY OCCUR?		
2	APPROXI		Wh	le At Not	While				
	12 1	-				hon 27	10 6H . A1	anict	20, 1965
1									
	1 . /11 / 1 1-		d olive an		•			pinion deo	th occurred on the d
t					al minus also				
t	and hour and fi	rom the couses sto	red obove. (I) (We) (did) (did no	i) view the	body ofter death	le .		
t			red obove. (I						TE SIGNED
t	and hour and fi		led obove. (I) (We) (did) (did no M.D.	Attending Phys.	Med. Director	Stoff Phys.		
2	Ond hour ond fr	rom the couses stor	led obove. (I		Attending -	Med. Director			
2	and hour ond fi	om the couses stor	En A	M.D.	Attending Phys.	Med. Director	Stoff Phys.	Augu	ıst 20, 196
2	23C. PHYSICIAM'S NAME (Type	Dr. Davi	d Curt	M.D.	Attending Phys. 23D. ADI	Med. Director Deress O Easter	Stoff Phys. X	Augu	ust 20, 196
2	23C.PHYSICIAMS	Dr. Davi	d Curt	iss,Jr ^	Attending Phys. 23D. ADI	Med. Director Deress O Easter	n Avenue I	Augu	ust 20, 196
2 2 24A.	BURIAL CREMA REMOVAL (Spe BURIAL CREMA REMOVAL (Spe BURIAL CREMA REMOVAL (Spe	Dr. Davi	d Curt	iss,Jr ^	Attending Phys. 23D. ADI	Med. Director Deress O Easter	Stoff Phys. X	Augu	Md. 2122
2 2 24A.	23C. PHYSICIAM'S NAME (Type	Dr. Davi	d Curt	iss,Jr ^	Attending Phys. 23D. ADI D. 1.91 CREMATOR 25C	Med. Director DRESS O Easter: A 24D. Retery B FUNERAL DIRECTO	n Avenue I	Augu Balto, City, town,	ust 20, 196



VS 150-REV. 1/1/65

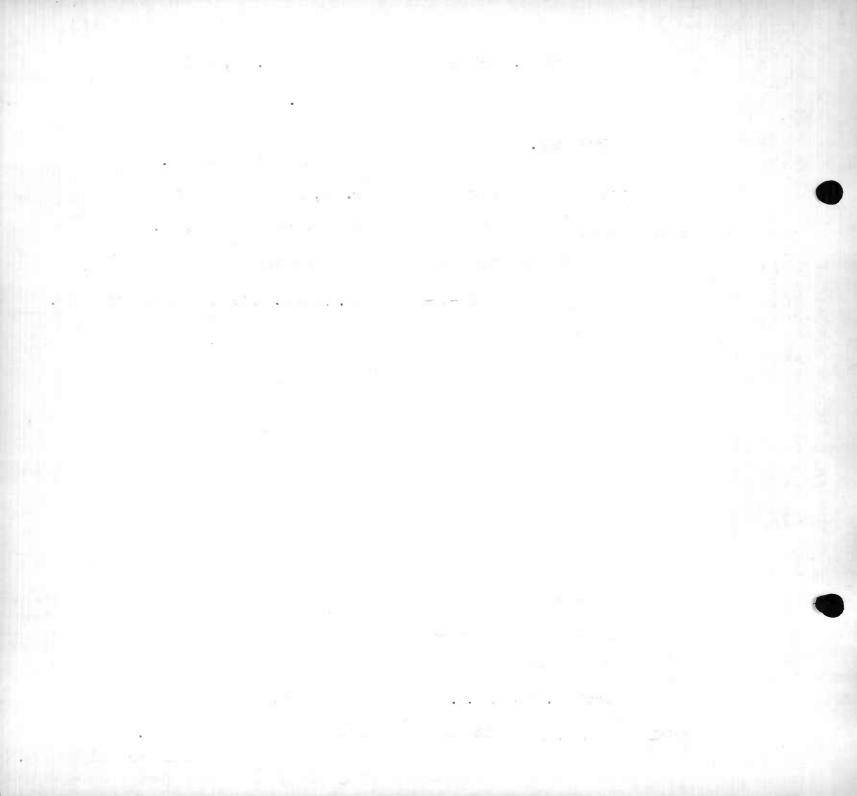
BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

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FUNERAL DIRECTOR: IMPORTANT

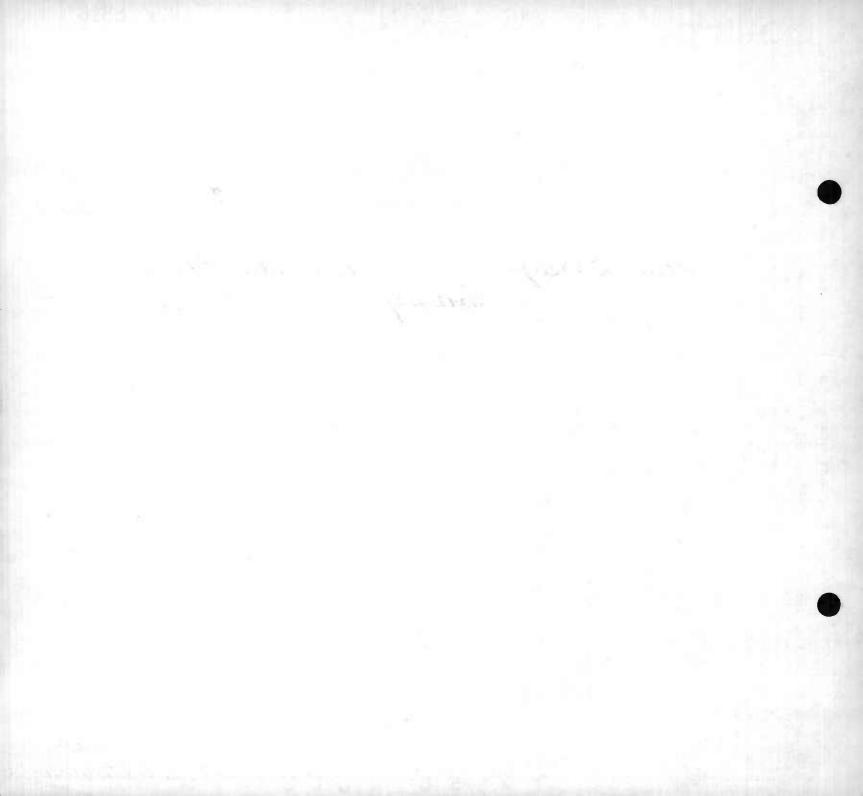
	H NO.	0044			TE OF DEAT		65 8814
1, N.	AME OF DECEA	369 0014			2. DAT	E AND HOUR OF DEATH	
	e or Print)		S. Hr	ricik	Au	ig. 24, 1965	
F	ULL NAME OF	(If nat in haspital address at location	or institution,	give street	A. STATE B. C	(Where deceased lived, It is COUNTY (If outside city limits, write	nstitution: residence befare odmission
1)	Sinai Hosp	0.			more (If rural, give lacation) Ridgewood Ave.	
5. S		RACE White	WIDOWE	NEVER MARRIED D, DIVORCED (specify) Cried	B. DATE OF BIRTH Mar. 13, 1918	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
IOA.	USUAL OCCUP during mast of wo	ATION (Give kind of work rking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY?
	Machine C		-	LII OCH	14. MOTHER'S MAIDEN		1
			ael Paul	l Hricik	Unknow		
5. V	Was Deceased E , no or unknawn) ((ver in U. S. Armed Fare If yes, give war ar date W #2	ces? s of service)	16. SOCIAL SECURITY NO. 214-18-4494	Mrs. Rose M.	Hricik, 2905	Ridgewood Ave.
ATION	DISEASES OR rise to the UNDERLYING	Ication which caused NTECEDENT CAUSES CONDITIONS, if obave cause (A) CONDITION fast.	any, giving stating the	(C)			June 1964
ERTIFIC	19A. DATE OF C	OPERATION 198. CON WAS PERI		WHICH OPERATION	20 A. AUTOPSY? (Yes	or Na) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U	21 A. ACCIDENT OR CONTRIBUTI DEATH (natify n	WAS UNDERLYING CAUSE OF	218 ham etc.	PLACE OF INJURY (e.g., in the, farm, foctory, street, of the property of the p	n or obaut 21 C. WHERE D fice bldg., INJURY OCCU	ID (If in Baltimor	e City, give exact lacotion)
ā	21D. TIME (OF INJURY (APPROX.)	Manth) (Day) (Year)		ile At Nat While At Wark	• 🗖	O INJURY OCCUR?	
	that (I) (we) I	ast saw the decease	d alive an	he deceased from	-0 19 6 J ar		8-3-1965 Inian death occurred an the da
	23A. SIGNATURI	is R. ma	ser 7	n.D. Atte		Staff Phys.	238, DATE SIGNED 8-24-65
	23C. PHYSTCIAN NAME (Typ	Louis R.	Maser,		23D. ADDRESS 2724 Smit	th Avenue	
24A	BURIAL CREM REMOVAL (Sp. Burial	ATION, 248. DATE ecify) 8/27/65		AME of CEMETERY of CRI	al Cemetery	Baltimore,	
	AUG 25	1965 Robert	25B. NAME O	Deutil 1	250 FUNERAL DIRE	Lemmen 461.	l Park Heights Ave
15	150-REV. 1/1/65	100				6	



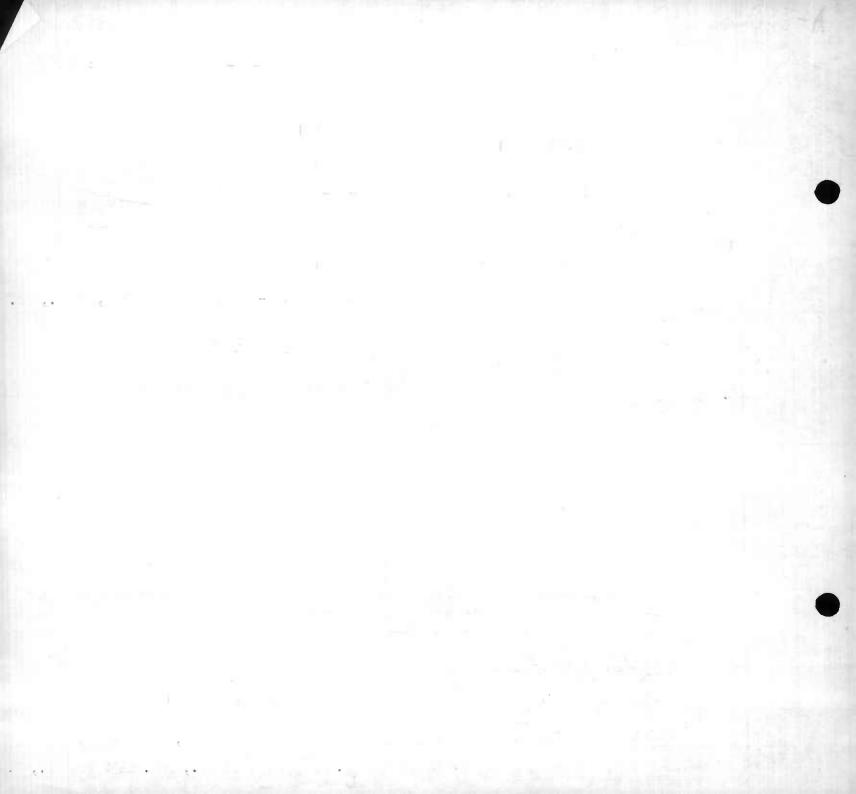
5. S M&	ull NAME O lospital or nstitution oterans 1900 Lee	F (If not in haspite address or locati	ARYLAND		4 1151141 57515				
5. S Ma 10A.	reterans 1900 Loc	address or locoli		give street	Californ		ed lived. If in:	stitution: residence	e befare
5. S Ma 10A.		Administrat	tion Hes	pital	Frement D. STREET ADDRES			RURAL ond give	township
5. S Ma 10A.	altimor	e, Maryland			3555 Men	CEY AVO.			
		6. RACE Cavcasian	WIDOWE	, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH 7/25/25	9. AGE (last birtho	ioy)	If Under 1 Yr. Months Days	
		JPATION (Give kind of wo working life, even if retired))	F BUSINESS OR INDUSTRY	New Hamp	te ar foreign countr shire	y)	12. CITIZEN O WHAT CO	UNTRY?
13. [ATHER'S NAM	A E			14. MO HER'S MAI				
- 17	Harry, S	mith			Eva Vous	hman			
15. V	Nos Deceased	Ever in U. S. Armed F. (III yes, give wor or do 6/11/143-3/1	tes of servicel	16. SOCIAL SECURITY NO. 002 18 9880	17. INFORMANT Veterans Baltimer	Hospital			RESS
	18. 1 2	3.0		CAUSE O				fNTER\	VAL BETV
		E OR CONDITION D							
		ol mean the mode of		(A) Pulme	onary Fibro	sis, Extens	sive of	4-6	Mont
		asthenia, etc. II mean			Lobes rstitial Em		3	Vaca	
		ANTECEDENT CAUSE	S	(B)	COLULAL E	privacina,)CACT.6	Year	
		R CONDITIONS, if		Ques	tionable Si	licosis		Year	rs
		above cause (A) CONDITION lost.	stating fhe	(C)					
ATION	TO THE DE	II FICANT CONDITIONS EATH BUT NOT REI CONDITION CAUSING	LATED TO TH						
CERTIFIC	19A. DATE OF		NDITION FOR	WHICH OPERATION	Yes	res or No) 20B, IF IN CE	YES, WERE FRIFTING CAL	FINDINGS CONS USES OF DEATH	SIDERED
A	OR CONTRIBU	TING CAUSE OF	21 B harn etc.	R. PLACE OF INJURY (e.g., in me, form, foctory, street, of .)	ar about 21 C. WHER fice bldg., INJURY O	E DID CCU R?		City, give exac	t lacotion
	21 D. TIME OF INJURY	(Month) (Doyl (Year		INJURY OCCURRED		DID INJURY OC	EUR?		
	(APPROX.)		Wo						
	22. I certify	that 🔼 (this hospite	ol) ottended t	he deceased from Ju	y 18,	1965	to Augu	st 23,	1
		last sow the deceos		August 23,	19 65	_ond that in	y) (our) opir	nion deoth occ	urred o
			ated obove. C	X (We) (did) Hill His) v	iew the body ofter	deoth.			
	23A. SIGNATU	RE A	h. I		-8	- 6. "		238, DATE SIGN	
	1	mun (K	DIM	Phy		tor Phys.		8/23/6	う
	23 C. PHYSICIA!	N'S (pe)		•	23D. ADDRESS				
		Anna R. Be		M.D.	Veterans	-		to., Md.	
24A	REMOVAL IS	1 8/26	165 B	elais Her	7. Garlen	24D. LOCATION	ais.	ty, town, or coun	f.
1		BY HEALTH DEPT.	TOCO MINARE	OF REGISTRAR	25C. FUNERAL C				DDRESS

e to flow other . Louis armine i sequenti THE PARTY OF THE P c e Indian "L

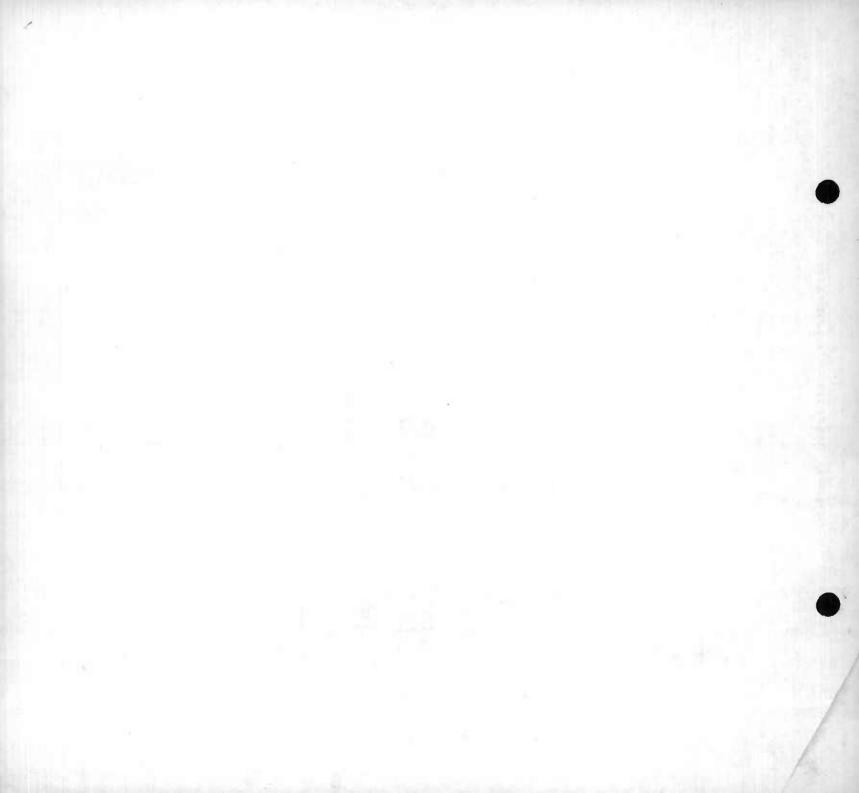
AND LEAD THE SECOND SEC



		ASE NO. IE OF DECEASED IF Print)	LORA ADA	15				D HOUR OF DEATH		: 30PM
	PLAC		BALTIMORE, MA			4. USUAL RESID	B. COUN	23-65 e deceosed lived.	institution: residen	e before admission
enda to d	HOSE INSTI	TUTION	(If not in hospital a oddress or location)			MORE	side city limits, write	RURAL ond give	township)
prior	Ti	HE JOHNS	HOPMINS I	HOSPITA	104	D. STREET ADD		avenue		
Ē	SEX	6. RAC	C	WIDOWED,	NEVER MARRIED DIVORCED (specify)	8-14-90		ost birthdoy)	If Under 1 Yr. Months Doys	Hours Min.
de	one dui	ring most of working Housewife	lite, even il retired)	108 KIND OF	BUŚINESS OR INDUSTRY		Stote or foreign	gn country)	12. CITIZEN CONHAT CO	
13	3. FAT	HERS NAME	Tom Grays	on		NANIE	GRAYS			
1.S (Y	es, no	Deceased Ever in or unknown) (It yes	U. S. Armed Force, give wor or dote:	es? s of service)	6. SOCIAL SECURITY NO.	Olga Roo	dney -	3531 Wabas	h Avenue,	
	DIS rise	nis does not med at failure, asthen ury at camplication ANTEC SEASES OR CO	ING TO DEATH on the mode of itin, etc., it means an which caused EDENT CAUSES ONDITIONS, if we cause (A) IDITION lost.	the disease, death.)	(A) DUE TO (B) ANTE DUE TO	10 CAND.	OTIC C Disa	INFARCI ANDIO VASI FASE	cuse	Tours
OIT A	TC DI	THE DEATH	T CONDITIONS C BUT NOT RELA ITION CAUSING I	TED TO THE						
	119A	DATE OF OPERA	WAS PERF		HICH OPERATION	We We	(? (Yes or No:	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CON AUSES OF DEATH	SIDERED 1?
0.1111	EIC		C LINIDERL VINC	21 B. I	LACE OF INJURY (e.g.,	a at about 21 C W/	HERE DID	(II in Boltimo	ore City, give exoc	t location)
~	OR DE	A. ACCIDENT WA CONTRIBUTING ATH (notity medical	CAUSE OF	home etc.)	, form, loctory, street, o	ffice bidg., INJURY	OCCUR?			
0 14 0103	OR DE OF	ATH (notity medical D. TIME (Mont) INJURY PPROX.)	ol exominer) h) (Doy) (Year)	(Hour) 21 E. While Work	NJURY OCCURRED AI Not Whith At Work	ffice bidg., INJURY	OCCUR?	JRY OCCUR?		
0 14 0103	OF (AF	ATH (notity medico	h) (Doy) (Year) I) (this haspital sow the decease	(Hour) 21 E. Whill Work ottended the	NJURY OCCURRED Not Whith Al Work deceosed from Proceedings of the Country of th	19 65	OCCUR?	JRY OCCUR?		
O IN DICE	OR OR OR OF OR	ATH (notity medico	h) (Doy) (Year) I) (this haspital sow the decease	(Hour) 21 E. Whill Work ottended the	NJURY OCCURRED Al Not White deceased from P	19 65	OCCUR?	965 10 G	23B, DATE SIG	ourred on the do
0 14 0103	21 POR DE 21 POR (AF 22. the one 23 A	ATH (notity medical) TIME (Mont) INJURY (Mont) I certify that (I) Or (I) (ma) lost s d hour and from A. SIGNATURE THYSICIAN'S NAME (Type)	b) (Doy) (Year) I) (this haspital sow the decease the couses state	(Hour) 21 E. Whill Work on the dolive on the	NJURY OCCURRED Not White At Work deceosed from Proceeding (We) (did) (did not) M.D. Att	21F. HC 21F. H	W DID INJU On the fter deoth.	Stott	23B, DATE SIG	ourred on the d
	21 OR DE/OF 21 COF (AP 22. tho one 23 A	ATH (notity medical) TIME (Mont) INJURY PPROX.) I certify that (I) or (I) (we) lost s d hour and from X. SIGNATURE	h) (Doy) (Year) I) (this hospital sow the decease the couses state AS FORTUI	(Hour) 21 E. Whill Work on A. Control of the dolive on A.	NJURY OCCURRED AI No! Whi A! Work deceosed from Pr (We) (did) (did no!)	iffice bidg., INJURY 21F. HC 21F. HC 19 65 view the body of s. 23D. ADDRESS THE JOH	occur? W DID INJU Ond the fter deoth.	Stott HOSP I	23B, DATE SIG	ourred on the d



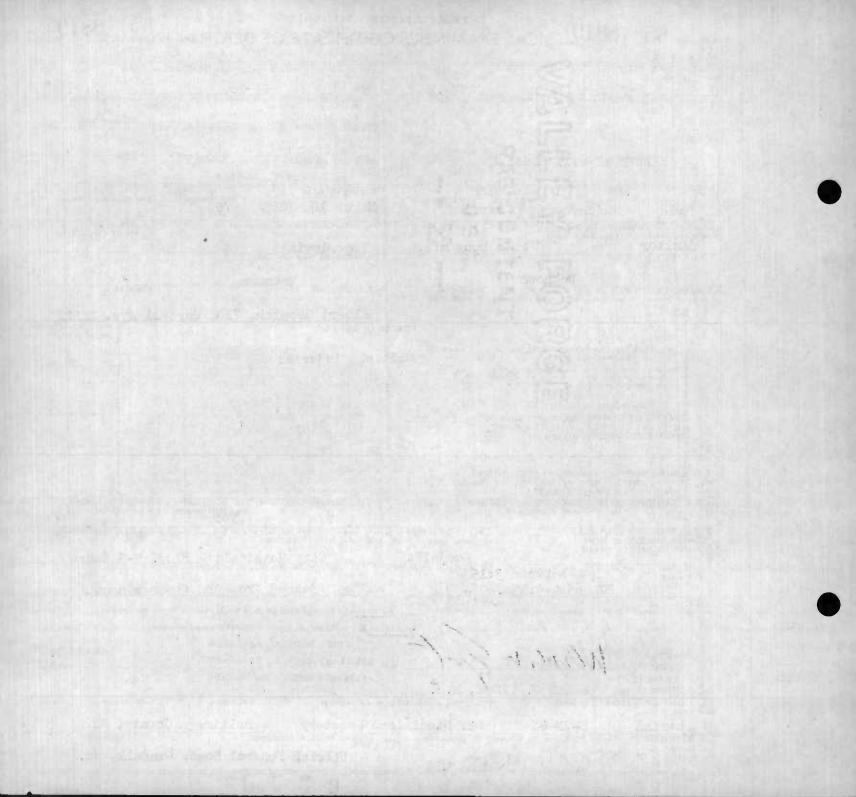
4 4 3			BALTIMORE CIT	THEALTH DEPARTMENT	
2002		TH NO. 65	8818 CERTIFICA	TE OF DEATH Regist	ered No. 65 8818
of death Obceased te on the ath. Such	1.1	E CASE NO.	0010	2. DATE AND HOUR C	OF DEATH
- p p c S	(Ту	pe or Print) Walter G	Holterayer	Aug 24	1965 16'15Am
hospital use of c (5) Dece ance or death.	3.	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceosed A. STATE 8. COUNTY	1965 6 /5 M. M. lived. If institution: residence before odmission)
hospi use o (5) D ance deat		FULL NAME OF (If not in hospital	or institution, give street	M d	Malta
a ho cause se; (5 se, 10 to d		HOSPITAL OR oddress or location	n)	C. CITY OR TOWN (If outside city lin	nits, write RURAL and give township)
	1	Universit	y of Md. Hosp.	Battomore	153-11
- 6 5 5 6	37		J	D. STREET ADDRESS (If rurol, give to	ocotion)
occurred ontribution regular ased priss made,				11/ Willow Sp	rin6 / 0.
a diripa	5.	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE fin	
th occurred contributions of the contributions of t	L	Y N	Morried	1017194 7	0
T 0 = 1 = 1	do:	LUSUAL OCCUPATION (Give kind of work of during most of working lite, even if retired)	108. KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
P - D - D -	11	arnenter's Adject		Pennsylvania	USA
TO DRAW	13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME	
L		Gerchantt We	Iteraver	Mining Flee	
AN stant ind; eath	15.	Was Deceased Ever in U. S. Armed For	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
TAN istan istan kind; death ce or	11.0	s, no or unknown) (If yes, give wor or dole	es of service) SECURITY NO.	Pt's alad	
SS + L Lit	-	18. // = /	CAUSE	OF DEATH	INTERVAL BETWEEN
R: IMPOI ner or his as er. Also, if cture of any pronounced lar attenda		DISEASE OR CONDITION DIE			ONSET AND DEATH
or his Also		LEADING TO DEATH	(A) Ca	rcinima of L	1:n6
0 4 5 5 9 5	1	(This does not meon the mode of heart failure, asthenia, etc. It means			<u> </u>
miner. fractu o pro gular emba		injury or complication which caused			
O frain	10	ANTECEDENT CAUSES	DUE TO		
xam cami vaho reg		DISEASES OR CONDITIONS, if	any, giving		
S = 9 (S) = 1 = 2		rise to the above couse (A) UNDERLYING CONDITION last.	sloling lhe (C)		
RAL Di medica medical burns; physicia an was		II			
7	Z O	OTHER SIGNIFICANT CONDITIONS C			
UNERAL chief mec by a medi body bur the phys hysician w	ATION	TO THE DEATH BUT NOT RELA			
chief y a m Body the F iysicic	CERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER	FORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
FUN by by 2) Bo 2) Bo 2) Bo physical	ERI	O O		110	
T 5 4 4 5 0 0	AL	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	office bldg., INJURY OCCUR?	in Boltimore City, give exect locotion)
pital prital re; (whe No	U	DEATH (notify medical examiner)	etc.)		
N 3 0	MEDI	OF INJURY (Month) (Doy) (Year)		21F. HOW DID INJURY OCCU	R?
proved the hos ny nat except and (6	-	(APPROX.)	While At Not Whi		
pprovent the party of the party		22. I certify that (I) (this hospital	I) ottended the deceosed from	16 8 1965 1	0 116 24 1963 .
000000		that (I) (we) lost sow the decease	ed olive on 4V6 2 3	19_6ond that in (my)	(our) opinion deoth occurred on the dote
9 T . + ± +	1	and hour and from the couses stor	ted above. (I) (We) (did) (did not)		
eased ident hospit must		23A. SIGNATURE	0		23 B. DATE SIGNED
30.5.2		Torres C-R-	M.D. Att	ending Med. Stoff Phys. Director Phys.	8/24/63
		23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1
Mas r An a An a prior		1 Sices	M.D.	University. Of	My State MM
	24	A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
£ 4~0° -	1	REMOVAL (Specify)	F GLEN HAVE	N CEMETERY CLEN	BURNIE MD
This certif the body shows: (1) was D.O deceased written a	25	A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
This of the bashow was dece		AUG 95 1965 A 0	CTO	ULUPICH FILLED A	L HOME-DUNDYLA MD
	VS	150-REV. 17/65	J. C. Nadarita	8 3 4 4	01)0112 01101101

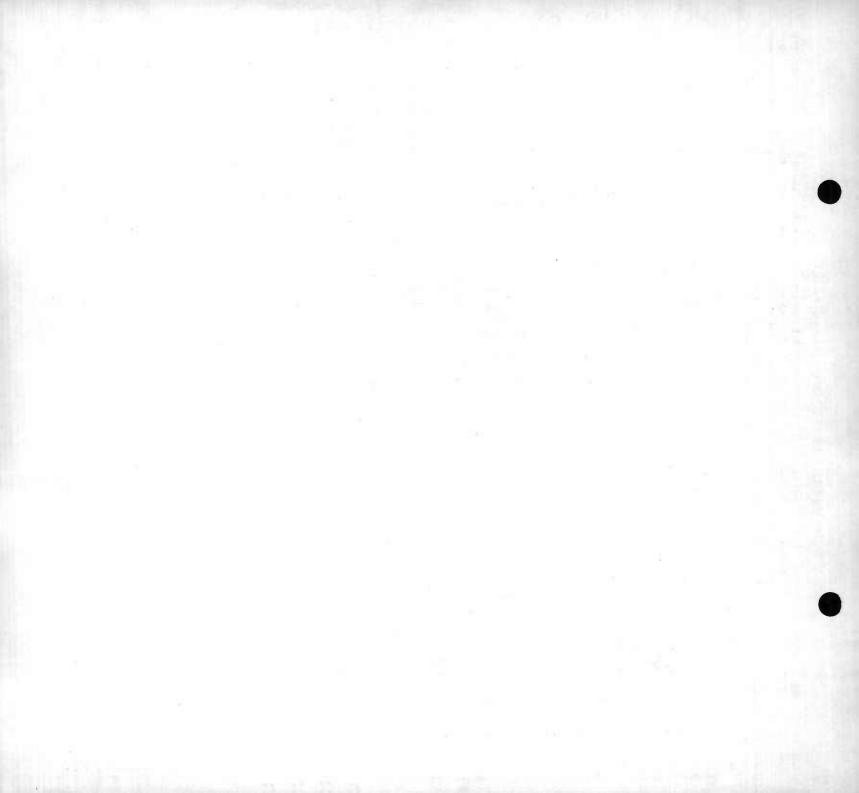


A.E. CASE NO.	MEDICALI	-AAMII ALK 5 C	LKIIIICAIL	OI DEATH Magnet	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME OF DECEASED			2. D	TATE AND HOUR PRONOUNC	ED DEAD
Type of Print)	PAUL	GASPICH		8-20-65	1 5:00 A N
OSPITAL OR ADDR	ARYLAND, WHERE PRON OF IN HOSPITAL OR INST ESS OR LOCATION)	IOUNCED DEAD	Maryland	E(Where deceased lived, If inst B. COL	Sitution: residence before odmissio
BALTIMORE	CITY HOSPITA	AL	1	(II rurol, give locotion) te1 Avenue	
SEX 6. RACE Male Whi	WIDOWE	ed, NEVER MARRIED D, DIVORCED(specify) arried	March 19, 1	.889 9. AGE (In years	II Under 1 Yr. If Under 24 Hi Months, Doys Hours Min.
DA. USUAL OCCUPATION (Cone during most of working life, janitor B. FATHER'S NAME	even if retired)	body mfr.	YUZOSLAVIA 14. MOTHER'S MAIDE		12. CITIZEN OF WHAT COUNTRY?
5. WAS DECEASED EVER IN es, no or unknown) (II yes, gi		16. SO CIAL SECURITY NO.	17. INFORMANT	nknown	ADDRESS
no			Albert Gas	pich, 7102 Marte	ell Ave. 21222
(This does not mean heart failure, osthenia, injury or complication of the complex to the complex type of	DENT CAUSES DITIONS, IF ANY, GIVIN CAUSE (A) STATING TH	G (B)	iple injurie	s	
DISEASE OF CONDIT	ON CAUSING IT.	R WHICH OPERATION	20A. AUTOPSY? (Ye	OF NO 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ACTUAL SIGNATURE EXAMINER'S	ATH.	hospital AT INJURY OCCURRED WHILE AT NOT AT V Inspection Au Acciden Sulcide M. D.	in or obout 21C. WHER office bldg., INJURY OC City 21F. HOW WHILE Jump topsy CHIEF MEDIC ASSISTANT MEDIC	RE DID (If in Boltimore City, giccur? Hospitals - Bldg DD INJURY OCCUR? Bed from 3rd floc at an this bosis, deoth in a Undetermined mann CAL EXAMINER	g. B-3 south or window my opinion
3A. BURIAL CREMATION,	238. DATE	23C. NAME of CEMETERY			, town, or county) (State)
burial	8-23-65	St. Stanislar	is Cemetery	Baltimore Co	ounty, Md.

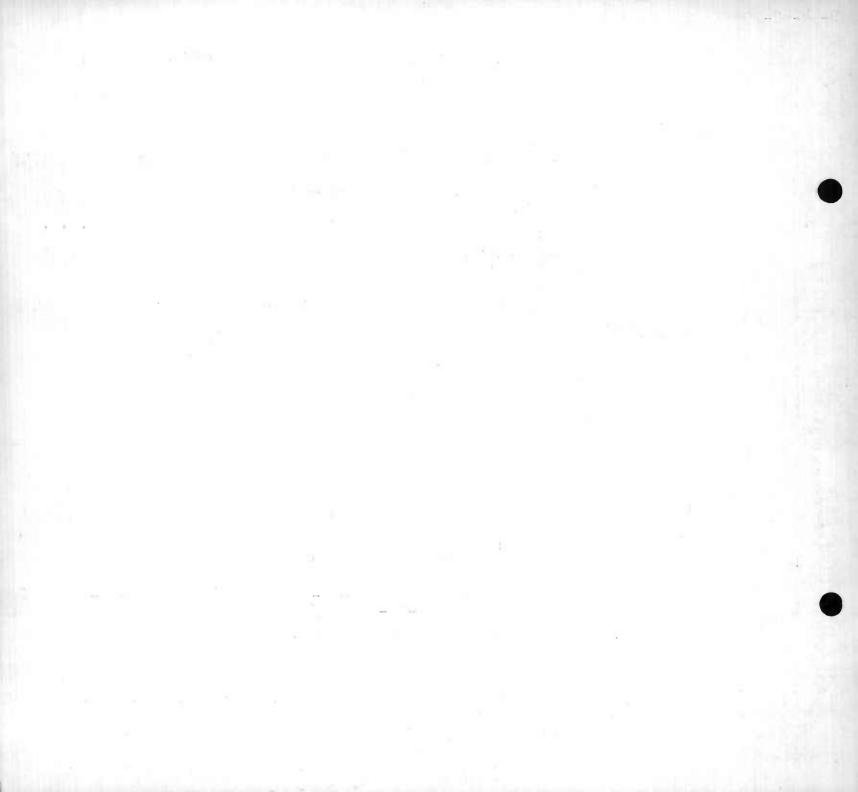
Ullrich Funeral Home, Dundalk, Md.

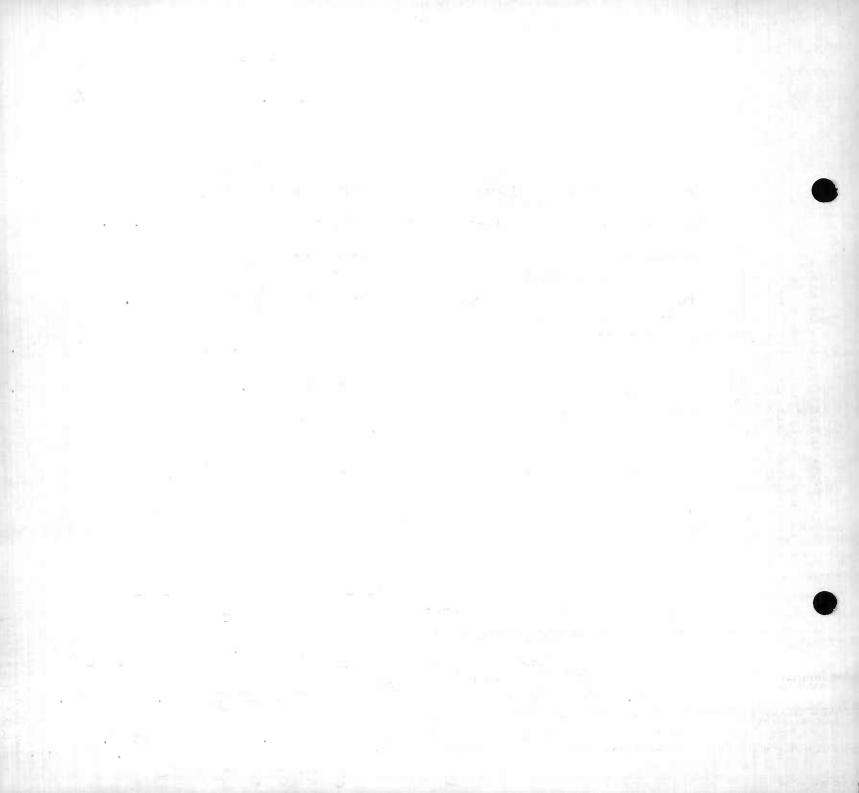
AUG 25 1965 Robert E. Farling M. VS 151-REV. 1/1/65 N 8 6 9 , 28 6 5





M.E. CASE II I. NAME OF (Typo or Print) 3. PLACE OF	DECEASED	er E. Ha	rrison		-19-1965	10:20 P M
50	DEATH IN BALTIMORE, MAS		streat		have desensed lived If	institution: residence before admission)
2 INSTITUTION	OR oddross or location Baltimore C:	ity Hosp	itals	c. CITY OR TOWN (IF Baltimor	outside city limits, write	RURAL ond give township)
	4940 Eastern Baltimore, Ma		21224	D. STREET ADDRESS 625 North E	off rural, give location)	nue 21205
5. sex Femal		7. MARRIED, NEV WIDOWED, DI Never M	VER MARRIED VORCED (specify) arried	April 5, 1908	9. AGE (In years lost birthdoy) 57	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done during m	OCCUPATION (Give kind of work of work of working life, even if relired)	10B, KIND OF BUS	INESS OR INDUSTRY	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S		E. Harri	ison	14. MOTHER'S MAIDEN N		ence (Barnes)
	eosed Ever in U. S. Armed Force nown) (If yes, give wer or date:		SOCIAL SECURITY NO.	17. INFORMANT	LOLO Essta	rn Avenue 21224
(This dineut for injury of DISEAS	ISEASE OR CONDITION DIR LEADING TO DEATH pes nat mean file made of ilure, asthenia, etc. It means a camplication which caused ANTECEDENT CAUSES ES OR CONDITIONS, if file above cause (A) YING CONDITION last.	dying, e.g., the disease, death.)	(B) OV	spread Meta		onset and death 5 years
A DISEAS	SIGNIFICANT CONDITIONS CO E DEATH BUT NOT RELA E OR CONDITION CAUSING IT	TED TO THE	CH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 19 A. DA 21 A. AC OR CON DEATH	CIDENT WAS UNDERLYING		CE OF INJURY (e.g., in	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?		re City, give exoct locotion)
21 D. TIA OF (NJU (APPRO)	TRIBUTING CAUSE OF Inotify medical axominer (Manth) (Day) (Yourlet) (Yourlet)	(Hourl 21 E. INJ While A Work		21F. HOW DID I	NJURY OCCUR?	
ond hos 23A. SIG	SICIANS ME (Type)	d alive oned obove. (I) (W	8-19- e) (did) (did not) v M.D. Atte	iew the body ofter death	that in (my) (our) op h. Stoff Phys.	8-19- 19 65, pinion deoth occurred on the dote
REMO	Nasser Had	24C. NAME		MATORY 24D.		altimore, Marylan City, town, or countyl (Stoto)
buri.	8-23-65	MoHo	nry Cemeter	() [*]		V a INCL a





IMPORTANT

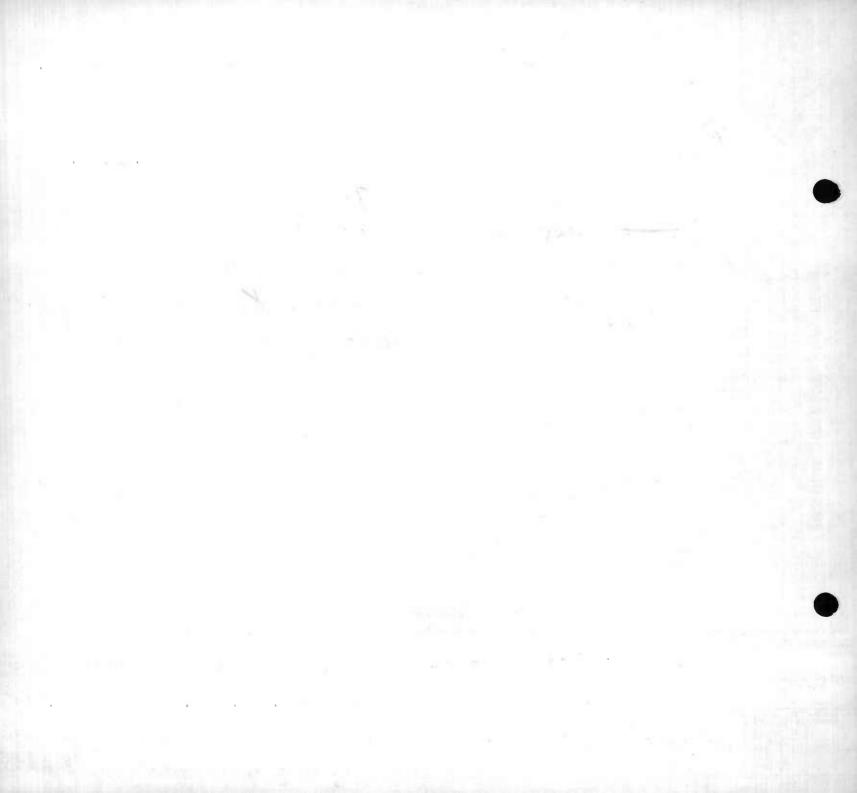
DIRECTOR:

FUNERAL

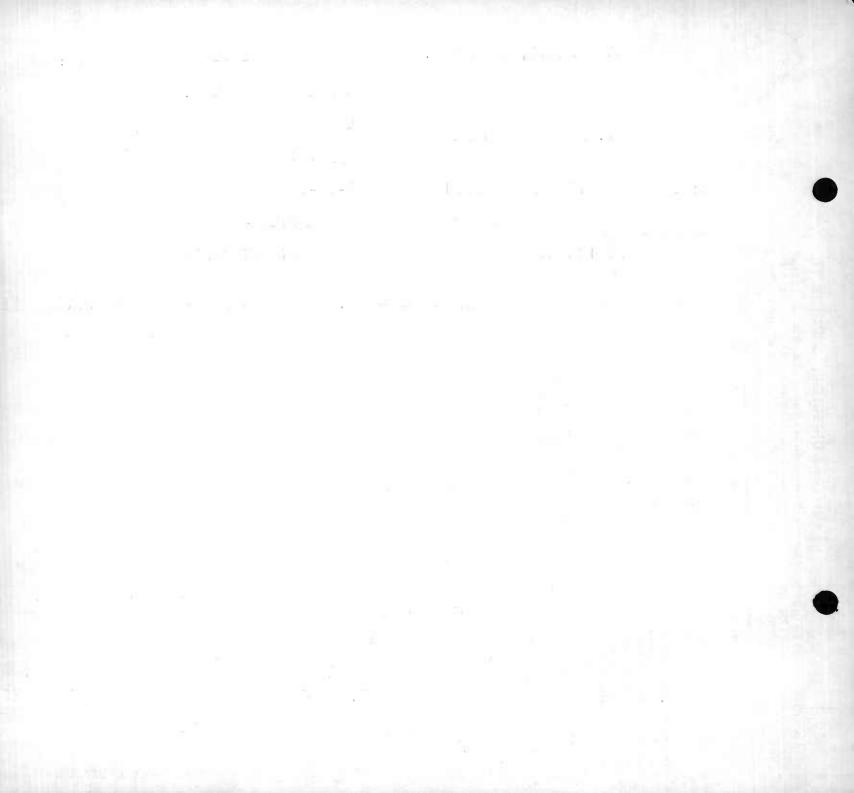
BALTIMORE CITY HEALTH DEPARTMENT

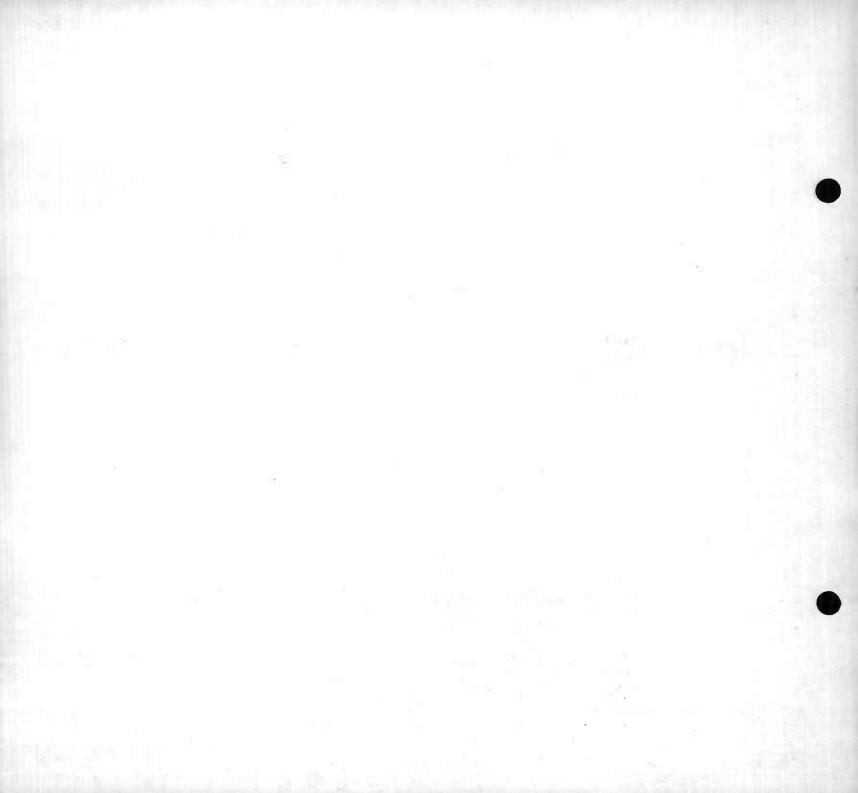
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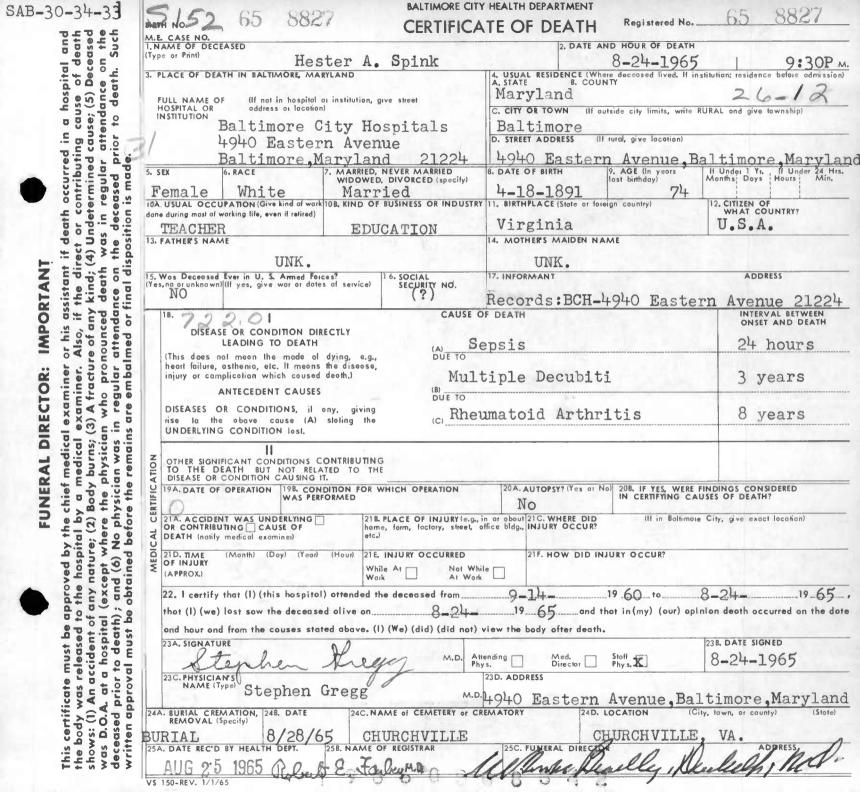
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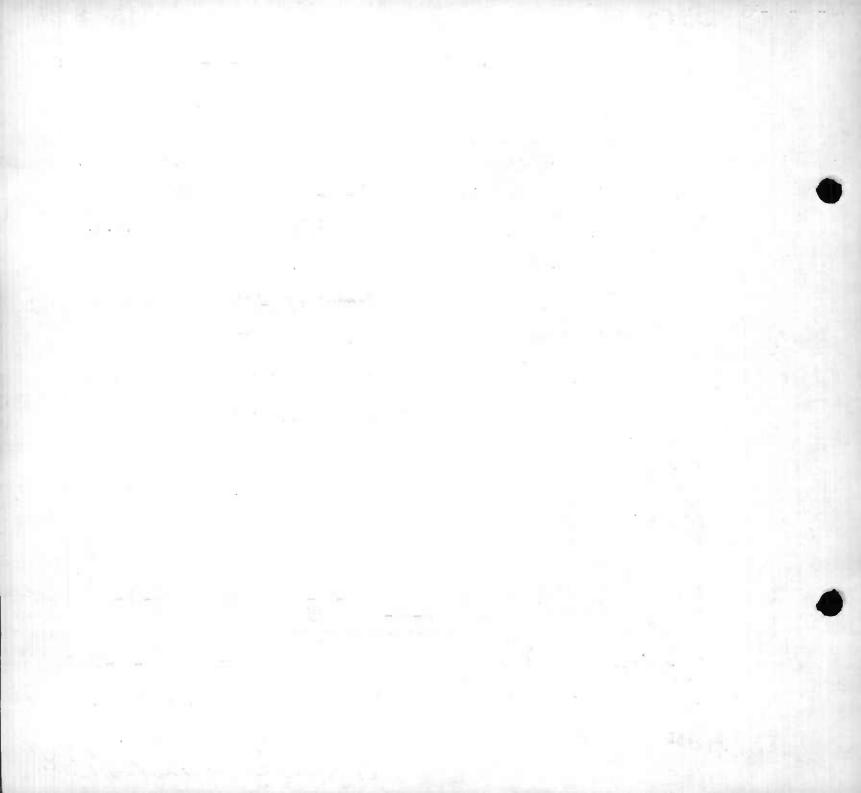


65 8825 BALTIM	NORE CITY HEALTH DEPARTMENT	65 8825
BIRTH NO. CERT	TIFICATE OF DEATH Registered No.	65 8825
M.E. CASE NO. 1, NAME OF DECEASED DERMOTT, THOMAS J. (Type or Print)	2. DATE AND HOUR OF DEATH 8-25-65	1 2 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If instit	tution: residence before adr
FULL NAME OF (If not in hospital or institution, give street	A. MARYLAND COUNTY BALTO.	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUS	RAL and give township)
ST. AGNES HOSPITAL	D. STREET ADDRESS (If rural, give location)	6400
V VIGITED TOOT TIME	235 THIRD AVENUE	
5. SEX 6. RACE 7. MARRIED, NEVER MARRI	IED 8. DATE OF BIRTH 9. AGE (In years	onths Days Hours
MALE WHITE WIDOWED DIVORCED (specify) 4-12-12 lost birthdoy) N	Aonths Days Hours
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR dona-during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
dona puring most of working life, even if retired)	MARYLAND	71 1 A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	07.0.71
PATRICK MC DERMOTT	BRIDGET PARSONS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service) 16. SOCIAL SECURITY	17. INFORMANT	ADDRESS
NO 218-10-	CAUSE OF DEATH	ON C WILLER
18. 4 2 0 1 1	CAUSE OF DEATH	INTERVAL BETWE
DISEASE OR CONDITION DIRECTED	11/200000000	ONSET AND DEA
LEADING TO DEATH (This does not meon the mode of dying, e.g., Di	MYOCARDIAL LUTARCTION	0 000
heart failure, asthemia, etc. II means the disease, injury or complication which caused death,)		
) UE TO	
DISEASES OR CONDITIONS, if ony, giving	JE TO	
rise to the obove couse (A) stating the (CUNDERLYING CONDITION lost.		
_		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	TION 200 ALLYONOVA (Ven or Not) 208 IS VEC MEET FIN	DINES CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT	TION 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FIN IN CERTIFYING CAUSI	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ OR CONTRIBUTING CAUSE OF home, form, foctory	JURY (e.g., in or obout 24 C. WHERE DID (If in Bottimore C, street, office bldg., INJURY OCCUR?	Lity, give exact location)
▼ DEATH (notify medical examiner) etc.f	, street, office Didg., INJURT OCCUR?	
OF INJURY COOK	URRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Work	Not While At Work	
22. I certify that (I) (this hospital) attended the deceased		JST 25 19 1
that (I) (we) lost sow the deceased alive an AUGU		
ond hour ond from the couses stated obove. (1) (We) (did) (
23A. SIGNATURE		B. DATE SIGNED
Mellenelli	M.D. Attending Med. Stoll Phys. X	8/25/0
23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS	
DR. AMRHEIN	M.D. ST. AGNES HOSPITAL; CATON	& WILKENS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	TERY OF CREMATORY 24D. LOCATION (City,	town, or county)
Jurial 8/28/65 hew bate	tedral tem. Boot	timore, had
25A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 25 1965 (7. C. & E. failer M.)	John J. Corner of Son Acc. 90,	Hollins.
S 150-REV. 1/1/6S		(23)



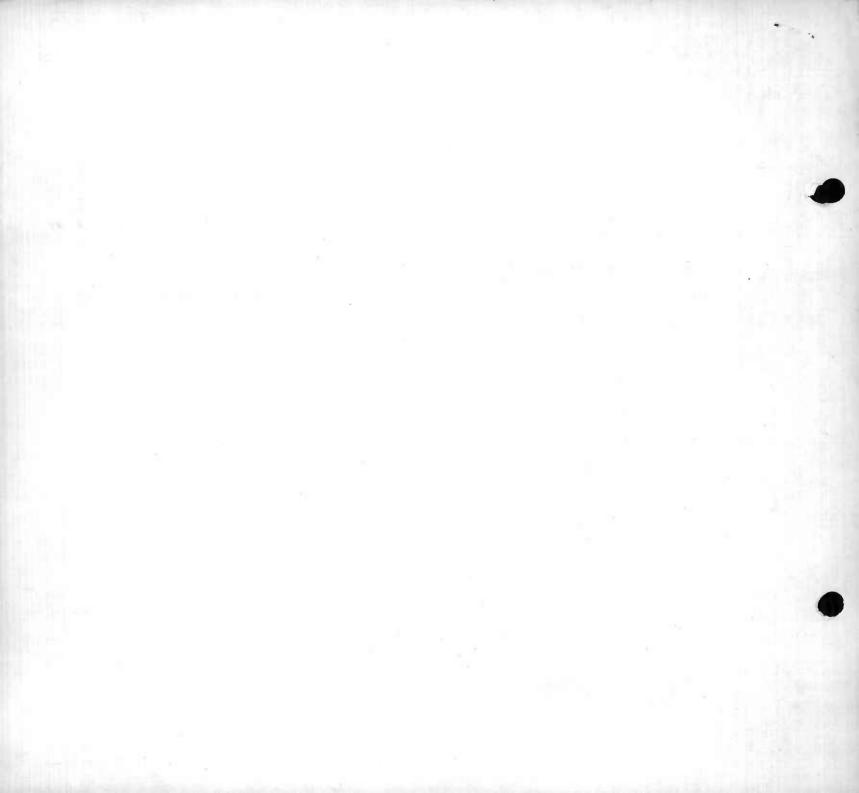


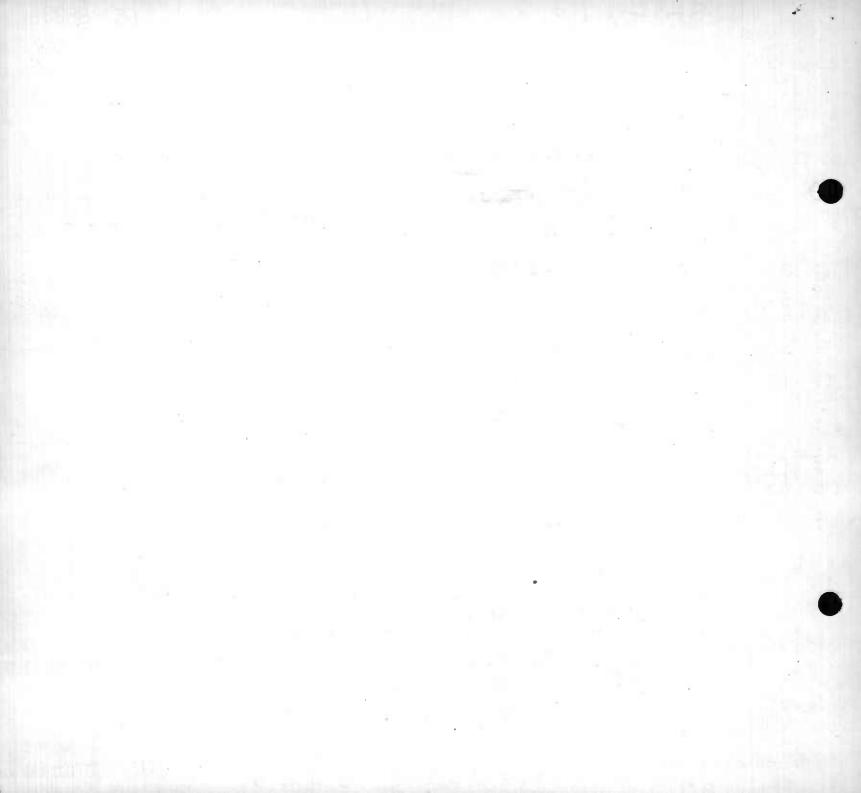


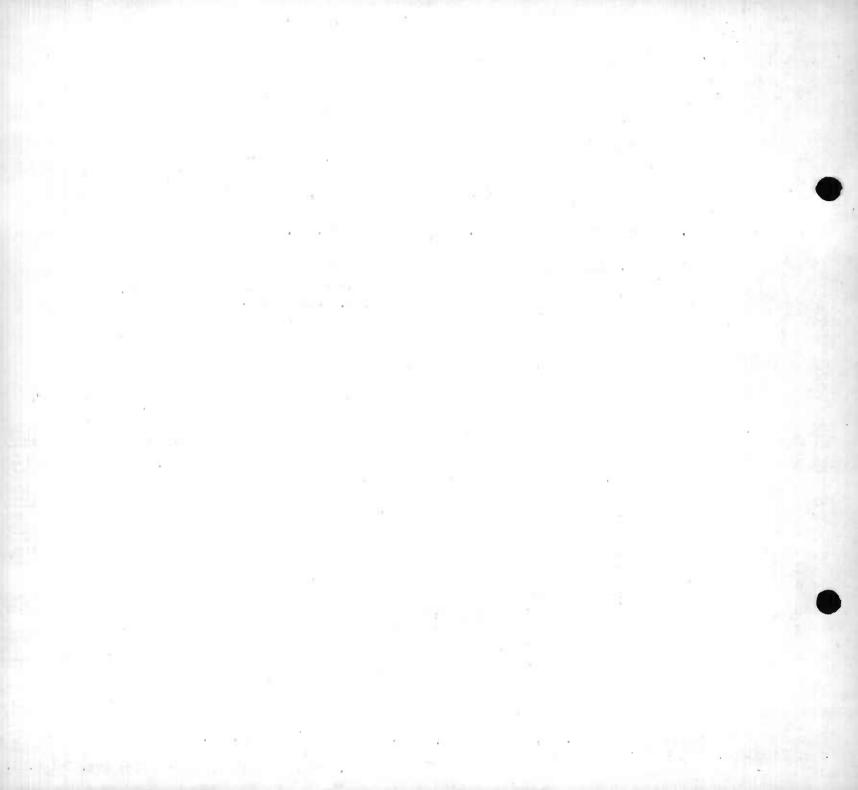


FUNERAL DIRECTOR: IMPORTANT

05 0000	BALTIMORE CITY	HEALTH DEPARTMENT		
IRTH NO. 65 8828 A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 8828
NAME OF DECEASED /	2 . 1	2. DATE A	ND HOUR OF DEATH	
ype or Print Schwartz, Sylma	Ethel	ang.	22/965	12:30 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admissio
		A. STATE B. COUN	111	-0 111
FULL NAME OF (If not in hospital or instituted HOSPITAL OR oddress or location)	tion, give street	maryland		25-71
INSTITUTION .		C. CITY OR TOWN (If ou	tside city limits, write R	URAL and give township)
Sutherian Degetal	of maryland	Baltimere		
outhouse , the	7	D. STREET ADDRESS (If	rurol, give location)	
		5302 Nadolo	n ane.	
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
min 4 M. // T	OWED, DIVORCED (specify)	4/8/12	lost birthdoyl	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or fore		12, CITIZEN OF
ne during most of working life, even if retired)	, ,	L		WHAT COUNTRY?
rusewile.	at Slave.	14. MOTHER'S MAIDEN NA	aud.	21. A FT.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
711200 1. +		7	0.0	
way same	19 (fanne	Toth	
. Was Decembed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		MR. WILLIAM SC	HWARTZ 5302	HADDON AVENUE
130	CAUSE O	F DEATH		INTERVAL BETWEEN
18. 204,/				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Man	ic Ingeloquen	Con land	
(This does not mean the mode of dying,	e.g. DUE TO	a organization	- George	
hearl foilure, asthenia, etc. It means the disc				
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi				
rise to the above couse (A) stoling	lhe (Ç)	MANNA		
UNDERLYING CONDITION last.				
, II				,
OTHER SIGNIFICANT CONDITIONS CONTRIBI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING			
				1
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE F	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	nice bidg., INJORI OCCUR:		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	215 HOW DID (N	IIIAN OCCURS	
OF INJURY (Month) (Doy) (Year) (Hour)		21F. HOW DID fN.	JURY OCCUR?	
(APPROX)	While At Not While At Work	°		
22 eastify that (1) (this base(4-1)			1965 to 8	12/ 1965
22. I certify that (I) (this hospital) ottend	0/12,)		
that (I) (we) last sow the deceased olive	an D /	19 65 and th	nat in (my) (our) opli	nion death accurred on the d
and hour and from the couses stated above	ve. (1) (We) (dld) (dld not) v	iew the body after death.		
23A. SIGNATURE				238, DATE SIGNED
10.06	M.D. Atte	ending Med.	Stoff -	12/1/10
Jua C. Expens	Phy		Phys.	8/21/63
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	mainland
TNIA C. ESDINA	M.D.	Julacian 14	your of	margiano
A, BURIAL CREMATION, 1248, DATE 124	4C, NAME of CEMETERY OF CRE	EMATORY 24D. I	OCATION (Cit	y, town, or county) (State)
REMOVAL (Specify)				
BURIAL 8/23/65	BETH ISAAC ADATH	1 ISRAEL	BALTIMORE, N	MAKYLANU
A. DATE REC'D BY HEALTH DEPT 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
AUL 20 1965 17 01 8- 9	2. FarleyMA	SOL LEVINSON	& BROS INC.	6010 REISTERSTOWN
, arthorna	-, 40-64-44	-1.00/1	****	TEKS TOWN
150-REV. 1/1/65		13 () ()	()	







IMPORTAN

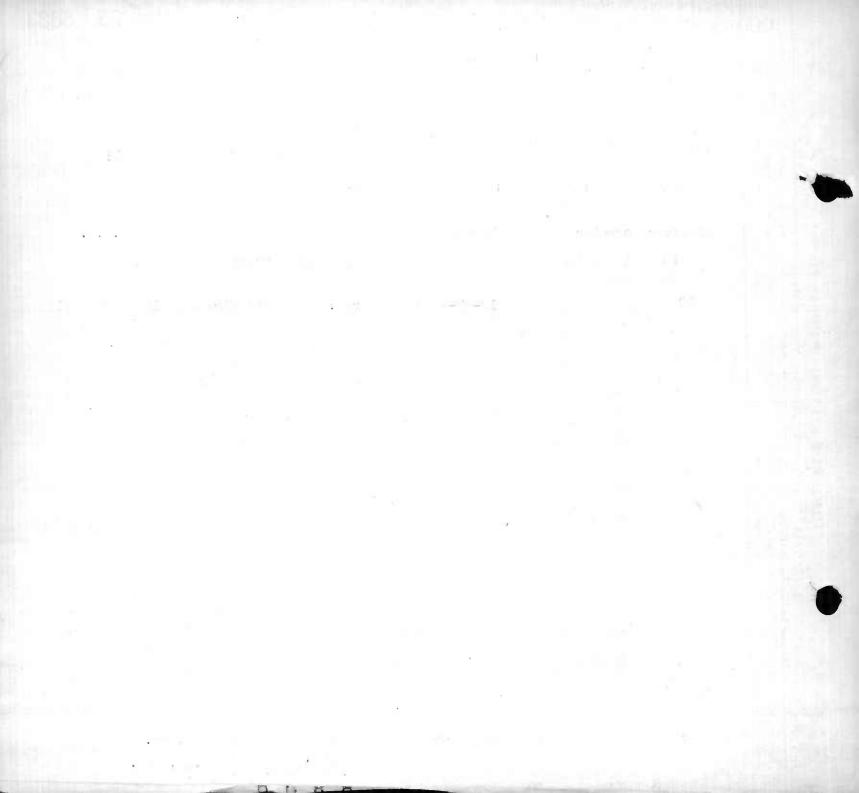
DIRECTOR:

FUNERAL

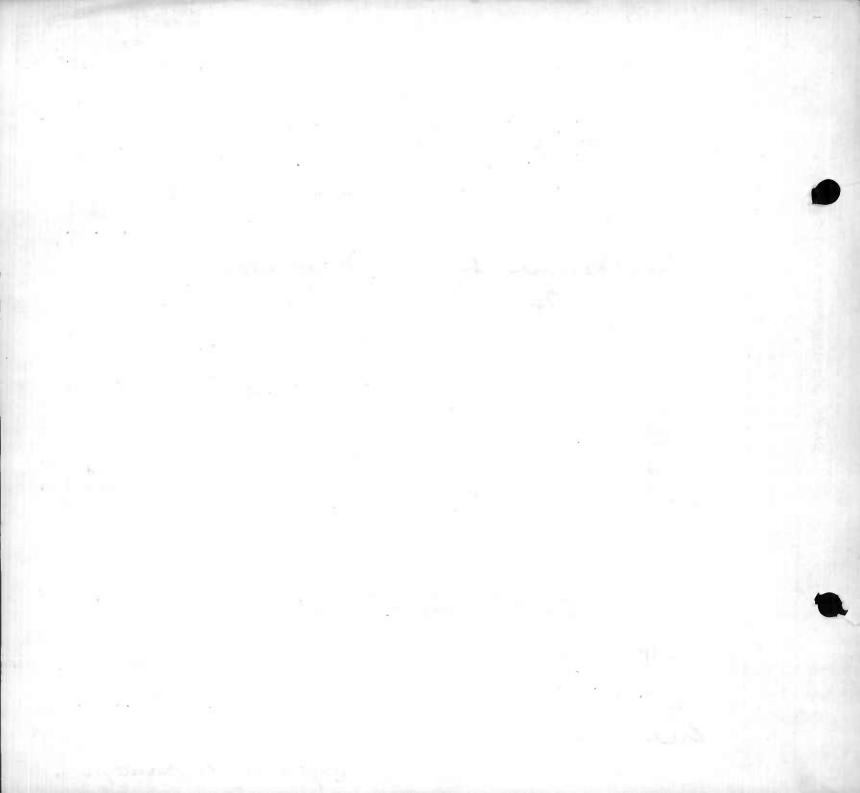
10-21-1881 83 1111111111111 Aprenda and a second MEDIONALA WOLTH Took when I down him in 40100 38+ for 60 2.2 8-92 -00 55-611-85E-8 Grand Harry 100 formed y assert Charrie Maye a Marjot

VS 150-REV. 1/1/65

(Type or Print)	Lou	IS MERLO	8	AND HOUR OF DEAT	5 /25 PM
3. PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (VA. STATE B. CO	here deceased lived. If UNITY	institution: residence be
FULL NAME HOSPITAL OR		or institution, give street on)	MARYLAND C. CITY OF TOWN (IF BALTIMOR	outside city limits, write	2 (o e RURAL ond give town
35 THE	JOHNS HOPK	INS HOSPITAL	3736 LYN	(If rurol, give location) DALE AVENU	ε #13
MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWER	8-31-82	9. AGE (In years lost bighday)	If Under 1 Yr. If Months Doys Ho
	CUPATION (Give kind of work working life, even it retired)	108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNT
Elevator	Operator	Emerson	Italy	1000	U.S.A.
13. FATHER'S NA	AEL MERLO			ruso	
15. Wos Decease	d Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	1 450	ADDRESS
Yes, no or unknow	(If yes, give wor or dol	212-07-3688	Frances Vitil		E CHITLE
18. DISEA	SE OR CONDITION DI	RECTLY	OF DEATH		ONSET AN
(This door	LEADING TO DEATH	dving an (A)	ir chone of	longue	
heart failure	, osthenio, etc. It means mplication which caused	s The diseose, d death.)			
heart failure injury or ca	ostherio, etc. II meons mplication which caused ANTECEDENT CAUSES	s the disease, d death.) (B) DUE TO		*******************************	
heart failure injury or ca DISEASES rise to II	, oslhenio, etc. II meons mplicolion which caused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A)	s the disease, d death.) S (B) Ony, giving			
heort foilure injury or co DISEASES rise to II	, oslhenio, etc. II meons mplicolion which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION last.	s the disease, d death.) S (B) Ony, giving			
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DISEASES rise to H UNDERLYIN OTHER SIGN TO THE I DISEASE OF DISEA	, oshenio, etc. II meons mplicolion which caused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) IG CONDITION last. II STEPPEN OF THE CONDITIONS OF CONDITIONS OF CONDITIONS OF CONDITIONS OF CONDITION CAUSING OF CONDITION CAUSING OF CONDITION CAUSING OF CONDITION OF CONDITIONS OF CONDITION OF CON	S the diseose, d death,) S (B) DUE TO Ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION RFORMED 21 B. PLACE OF INJURY (e.g., home, fortory, street, etc.) (Hour) 21 E. INJURY OCCURRED While AI Not Wh Work At Work	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID wite	IN CERTIFYING C (If in Boltim INJURY OCCUR? that in (my) (our) o h. Stoff Phys.	pinlon deoth occurre



-50-46	65 XX (D-	Y HEALTH DEPARTMENT. ATE OF DEATH Registered No.—	65 8834
sed the the uch	M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
pital an of deat Decease te on th ath. Suc	(Type or Print) Perry Rosemond 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	August 21, 1965	5 11:15 A.M.
ance death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived, If insti	tution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	Maryland C. CITY OR TOWN (If outside city limits, write RU	2-0-0 RAL ond give township)
	Baltimore City Hospitals 4940 Eastern Avenue	Baltimore D. STREET ADDRESS (If rutol, give locotion)	
	Baltimore, Maryland 21224	1827 W. Franklin Stree	t 21223
	Baltimore, Maryland 21224 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIOOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months! Ooys Hours 1 Min.
	Male Negro Married	7-19-1894 71	
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
		South Carolina	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15, Was Deceosed Eyer'in U. S. Armed Forces? 16. SOCIAL	17. INFORMANY Xaelex	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	RECORDS: BCH 4940 East	come Arramana 27 Mil
ŀ	18. CAUSE CAUSE	DE DEATH	INTERVAL BETWEEN
ŀ	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
l	LEADING TO DEATH	piratory Insufficiency	3 Days
	heart failure, asthenia, etc. It means the disease		7 - 7 - 1
	injury of complication which coused death.) ANTECEDENT CAUSES (B) Car	cinoma of Lung	2 Years
	DISEASES OR CONDITIONS, if ony, giving		
	rise to the obove couse (A) stoling the (C)		
	UNDERLYING CONDITION lost.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,		
	OISEASE OR CONCITION CAUSING IT. 179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FIN	NDINGS CONSIDEREO
	WAS TENDENCED	ies	5
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY White At Not Wh	21F. HOW DID INJURY OCCUR?	
	Work At Work	k L	
	22. I certify that (1) (this hospital) attended the deceosed from Annual Control of the deceosed from	ugust 19. 19 65 10 Augu	ist 21, 19 65.
	that (I) (we) last saw the deceased alive an August 21,	1965and that in(my) (aur) apini	on death accurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	
	23A. SIGNATURE		23B. DATE SIGNED
	Ph Ph	trending Med. Staff ys. Oirector Phys.	August 21, 1965
	23C.PHYSICIANS NAME Type Allen Johnson M.O	23D. ADDRESS	
		14940 Eastern Avenue Dai	to., Md. 21224
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City,	town, or county) (Stote)
	Bural \$-25-65 Garden of	Klernal Rest FINKSburg.) //00
	AUG 25 1965 P. B. E. Fasteria	25C FUNERAL DIRECTOR	ADORESS
1	Man to 1900 Alter Caragonia	- 100000 Bellow 1000 Bu	antigal



21D TIME OF INJURY (APPROX.)

ACTUAL

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify)

22.

(Month)

(Day)

I certify that I held an Inquiry

resulted fram: Natural causes 🗴

23B. DATE

(Year)

	65	8835
la	00	000

DATE SIGNED

(State)

8/22/65

(City, tawn, ar county)

65 883	210)	ALTIMORE CITY HEA		TE OF DEATH Regist	65 88:
M.E. CASE NO.	MEDICAL EX	AMIINERS	LKTIFICAT	IE OF DEATH Regis	rered No.
1. NAME OF DECEASE (Type or Print)	WILLIAM	PAYNE		2. DATE AND HOUR PRONOUN August 22, 196	
FULL NAME OF	RE, MARYLAND, WHERE PRONOU (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)		C. CITY OR TOW	ENCE (Where deceased lived, If in B. CC ryland VN (If autside carparate limits, with the company of the company)	stitution: residence before admissi
422 N	. Calhoun Street		D. STREET ADDR	ltimore RESS (If rural, give location) 2 N. Calhoun Stre	et
5. SEX 6. RA		NEVER MARRIED DIVORCED (specify)	Nov. 14	9. AGE (In years)	Manths Doys Haurs Mi
10A. USUAL OCCUPATI dane during most of workin	10N (Give kind of work 10B. KIND OF	Refact. Co.	14. MOTHER'S MA	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unkn	VER IN U.S. ARMED FORCES?	16. SO CIAL	MA r	y PAYNE	ADDRESS
(Yes, na arunknawn) (If y	es, give wor or dates of service)	SECURITY NO.	C 05 05 05 05 05 05 05 05 05 05 05 05 05	1 ~	
DISEASE O LEA (This does not m heart failure, asth	R CONDITION DIRECTLY ADING TO DEATH neon the mode of dying e.g., enio, etc. It means the disease, blion which caused death.)		eriosclerot	ic Heart Disease.	INTERVAL BETWEE
DISEASES OR C RISE TO THE AB UNDERLYING C	CENDENT CAUSES CONDITIONS, IF ANY, GIVING OVE CAUSE (A) STATING THE CONDITION LAST.	(B)DUE TO			
Y TO THE DEA	II ANT CONDITIONS CONTRIBUTIN TH BUT NOT RELATED TO TH NOTION CAUSING IT.				
19A. DATE OF OPE	RATION 198. CONDITION FOR V	VHICH OPERATION	20 A. AUTOPSY?	? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	
21A. EXTERNAL CA UNDERLYING OR UTING CAUSE O	CONTRIB- hame,	form, factory, street,		HERE DID (If in Baltimore City, OCCUR?	give exoct location)
Z 21D TIME (MO	onth) (Day) (Year) (Hour) [2]	E. INTURY OCCURRED	21 F. H.C	W DID INJURY OCCUR?	

m. WHILE AT

Charles S. Petty, M.D.

Accident

(Hour)

21E INJURY OCCURRED

Inspection X

NOT WHILE

Suicide

23C. NAME of CEMETERY OF CREMATORY

Autapsy

21F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

23D. LOCATION

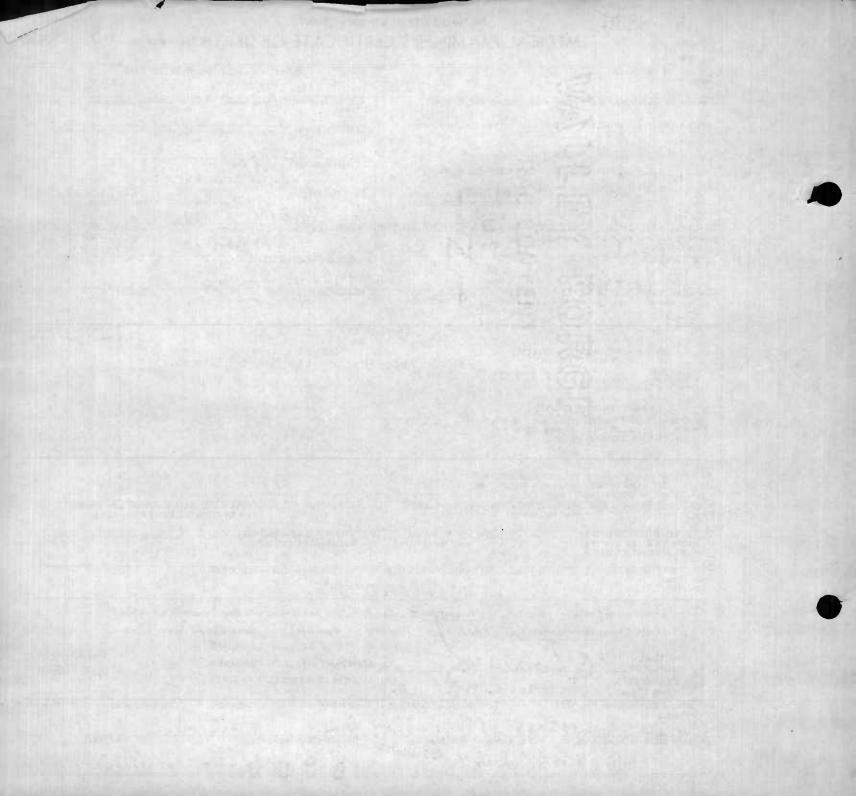
Hamicide ___

M.D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

and that on this basis, death in my apinlan

Undetermined manner

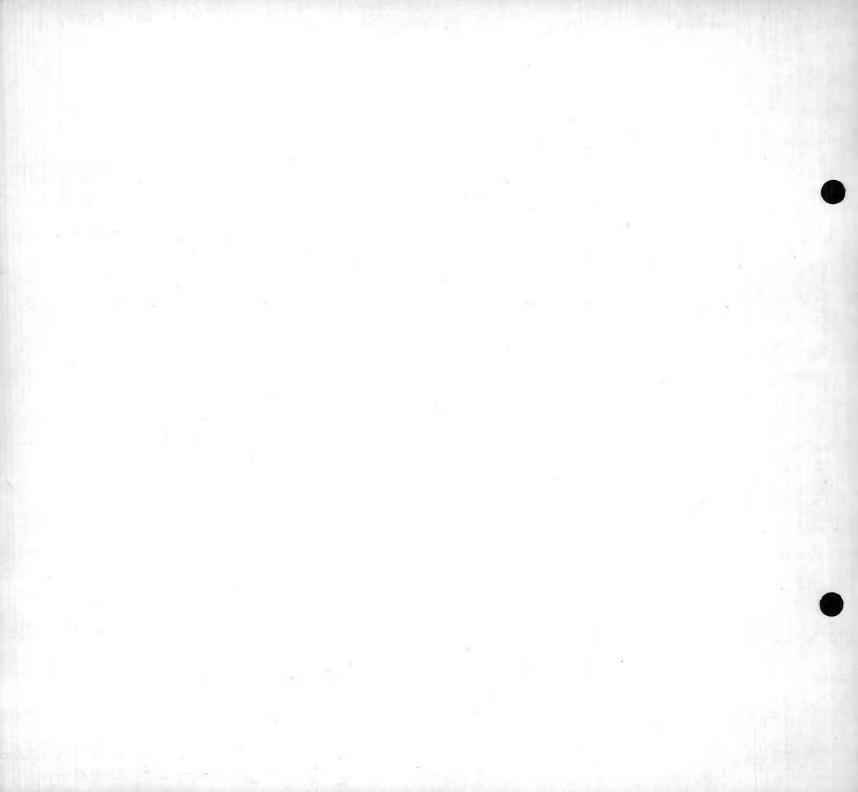


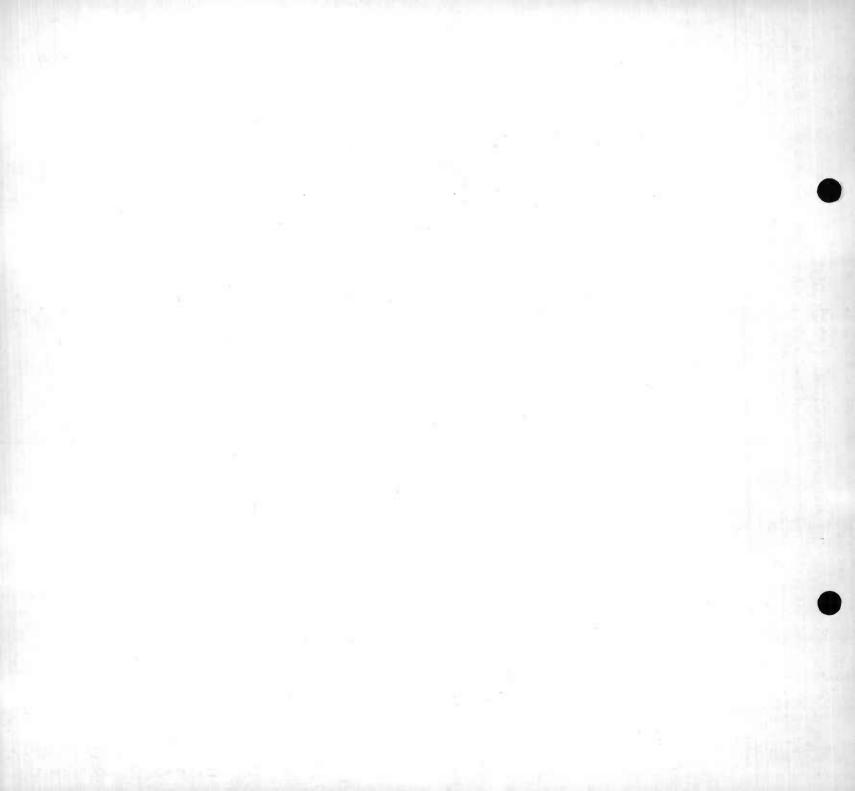
TO /	A	CITY HEALTH DEPARTMENT
TEPOF	BIRTH NO. 65 883% CERTIFIC	CATE OF DEATH Registered No. DO 8000
and and assect the the	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
100 E	(Type of Print) HEZEKIA GOINES	8-17-65 11.33 Pm.
# 00 of	HEZEKIA GOINES 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed fived, If institution; tesidence before admission) A. STATE B. COUNTY
Soft lospit se of (5) De unce	FULL NAME OF (If not in hospital or institution, give street	MARYLAND 6-04
W = 3 4	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
to to	INSTITUTION INSTITUTION	BALTIMORE
34	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS ((f iurol, give location)
P T D T G		1934 ORLEANS STREET
P S S S S S S S S S S S S S S S S S S S	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 YI. (f Under 24 His. Months Doys Hours Min.
ntr rrm eg	MALE NEGRO MARRIED	12-17-41 23;
h co	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de de tio	Salor	Baltimore MI U.S.A
de C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
= = 5.4 × ± 3		LUE STEVENSON
# P + F 5 P	15. Was Deceased Ever in U. S. Armed Forces! 16. SOCIAL	17. INFORMANT ADDRESS
the drindy deat	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Dona . A -
W		E OF DEATH INTERVAL BETWEEN
an and	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Also e of noun	LEADING TO DEATH	Inventicular Heiner has
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	ntraventricular Hemorrhage 3hk. ±
pro pro ular mba	injuly or complication which caused death.)	7
- 0 00	ANTECEDENT CAUSES (B)	
Wh an	DISEASES OR CONDITIONS, if any, giving	
3 (S)	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION lost.	
Gia		
5 3 E	Z	
an are	DISEASE OR CONDITION CAUSING IT.	
the od	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED (N CERTIFYING CAUSES OF DEATH?
4 + 5 e	218. PLACE OF INJURY (e.	165
o pere	OR CONTRIBUTING CAUSE OF home form feetow sheet	g., in at about 21 C. WHERE DID (If in Boltimore City, give exact location) t, office bldg., INJURY OCCUR?
¥ Z g	O O O O O O O O O O O O O O O O O O O	
3	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED OF INJURY While AI Not N	21F. HOW DID INJURY OCCUR?
Cept de Cept	(APPROX.)	10th 10th 127 -127
an and	22. I certify that (1) (this hospital) attended the deceased frame	om 8/1/6 1965 to 19 0/1 19 60,
	that (1) (we) last saw the deceased alive on 300 8 1	19 6 5 and that in my (our) opinion death accurred an the date
0 5 5 5	and haur and fram the causes stated abaves (L) (We) (did) (did no	at) view the bady after death.
Sp	23A. SIGNATURE	23B. DATE SIGNED
100 -	Trues Contraction M.D.	Attending Med. Stoff Phys. August 17,195
אם ב	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ata	Banny No aranja	A.O. SEO N Proceduces Politimons Wa
A. d. d.	24A. BURIAL CREMATION, 24B. DATE +24C. NAME OF CEMETERY OF	CREMATORY (24D. LOCATION (City, lown, or couply) (Stote)
Se O.	REMOVAL (Specify)	1) A Balt no
S	BULLEL . H - H6 - 1965 INT CHILLE 25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR.	125C, FUNERAL DIRECTOR ADDRESS
h h w	AUG 25 1965 (7) O. B. E. Farbeuma	ADDRESS ADDRESS
CN.	VS 150-REV, 1/1/65	Monte usies Ion manetaglie
	the state of the s	

HOT A MUDICAL EXAMINER'S CASE

While I have the second of the second of

ERTH NO.	65 8837	7 CERTIFICA	TE OF DEATH	Registered No	65 8837
A.E. CASE NO. NAME OF DECE	ASED	W. Baumann	2. DATE	ND HOUR OF DEAT	н
PLACE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (WI	nere deceased lived, If	institution; residence before edmission
FULL NAME OF	F (If not in hespital eddress er lecetie	er institution, give street n)	Maryland C. CITY OF TOWN (IF	eutside city limits, write	RURAL and give tewnship)
A			Baltimore		
) 1	209 E. For	t Avenue		If rurel, give locotien)	
			1509 E. F	ort Avenue	9
SEX P	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Narried	1/9/1909	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Menths Deys Heurs Min.
		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
House	rerking life, even if retired) ਪਾਸ਼ੀ ਜਿ		Marvla	5.c	U.S.A.
3. FATHER'S NAM			14. MOTHER'S MAIDEN N		0.0.1.
77 7	TIT TOWN O'T	lasham		C7 020	las emp
Edwa			17 10508444	Glan	
o. Wes Decessed fes, ne or unknown)	Ever in U. S. Armed Fer (If yes, give war er dote	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	****************************		George Bau	mann 1509	E. Fort Avenue
18.120	X		F DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY	. 4		ONSET AND DEATH
	LEADING TO DEATH	(A) Ca	noma of Righ	ses	19.
	of meon the mode of	dying, e.g., DUE TO	50 Th 650 Th with 6500 660 50 60 60 60 60 60 60 60 60 60	nd 4 0 6 6 6 6 0 0 0 0 0 a 6 5 a a 6 0 0 0 a a ma ma ma ma m	
	osthenio, etc. It means plicotion which coused	deoth.)	10-0	10 7	2
A	NTECEDENT CAUSES	(B) Care	money of Righ	TBrast	297.
		DUE TO	0		0
	R CONDITIONS, if obove couse (A)		·		
	CONDITION lost.				, ₇ , 4, 6, 9, 9, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
E TO THE DE	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	ATED TO THE			
19A. DATE OF		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	Ne) 20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDEN OR CONTRIBU DEATH (netify	T WAS UNDERLYING TING CAUSE OF medicel examiner	21 B. PLACE OF INJURY (e.g., i home, ferm, factory, street, e etc.)	n or ebout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ere City, give exoct locotion)
	(Menth) (Dey) (Year)	(Heur) 21 E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY		While At Not While	e		
(APPRUL)		Werk At Werk			
22. I certify	that (1) (this hospita	l) ottended the deceosed from	12-29	1964 to	,
that (1) (we)	lost saw the decease	ed olive on S-22	19 6 5 and	that in (my) (our) o	pinion deoth occurred on the d
and hour and	from the causes sto	ted obave. (I) (We) (did) (did not)			
23A. SIGNATU			John dodin		23B, DATE SIGNED
	1	8 00 0 M.D. AH	ending Med. Director	Staff	0-14/-
22.0 BUNGLES	MX	Jacob Phy	23D. ADDRESS	Phy s.	0 7 63
23C. PHYSICIAI	pe)				
	Aaron C.	Sollod	707 E. For	t Avenue	
4A. BURIAL CREA	AATION, 248. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, tewn, er county) (State
KENIO VAL 13	0/00/	65 Woodlawn Ceme	terv	Baltimore.	Maryland
burla			V Water V	LOVE VERMINE C	
	BY HEALTH DEPT.		· ·		
SA. DATE REC'D	BY HEALTH DEPT. 2 5 1965 A	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		S Funeral Home





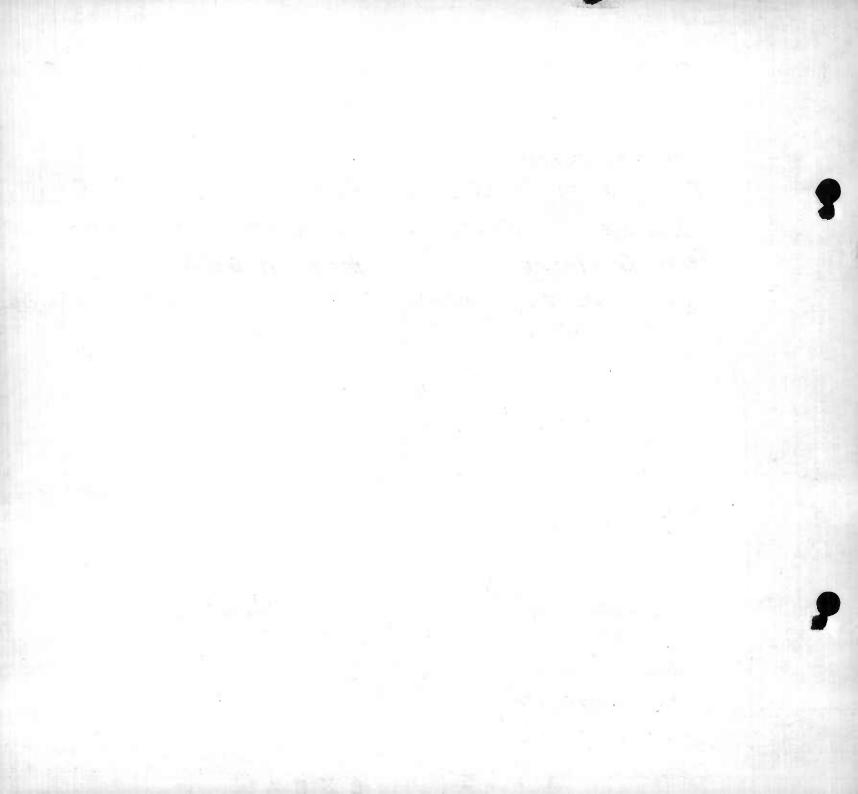
BALTIMORE CITY HEALTH DEPARTMENT

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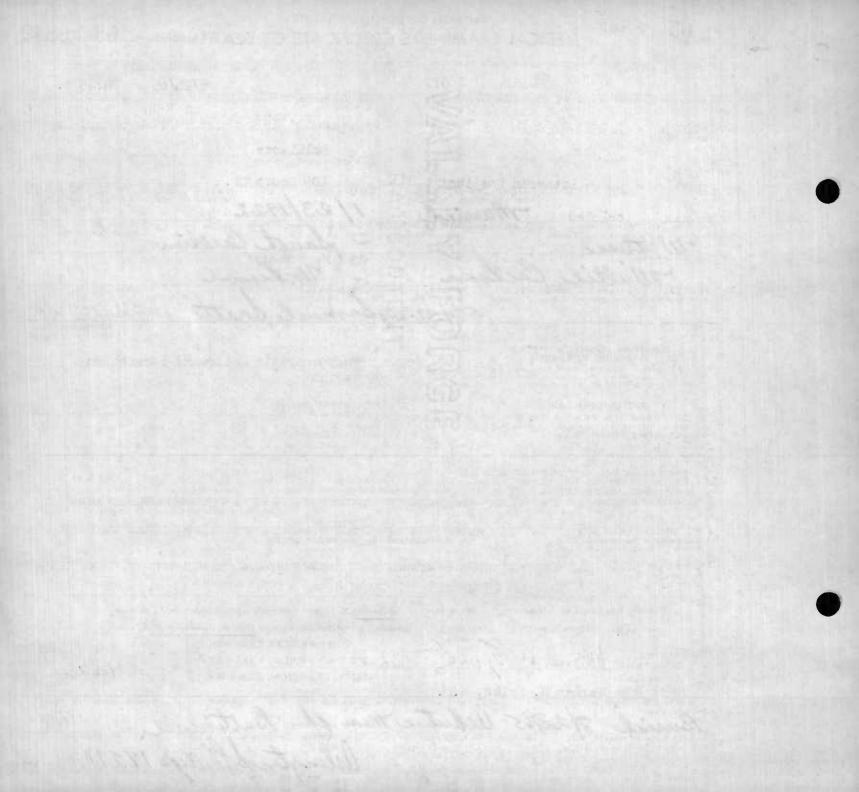
65 8840

BIRT	TH NO.	MEDI	CAL EX	CAMINER'S CI	ERTIFICAT	TE OF DEATH Registers	ed Na.
_	E. CASE NO.						
(Ty	1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED	DEAD	
JOHN D. METCALF 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			II. III. III.	August 23, 1965	12:15 A.M.		
3. P	LACE IN BALI	IIMOKE MAKILAND, W	HEKE PRONOL	INCED DEAD	A. STATE	ENCE (Where deceased lived, if institu	TY residence before odmission/
FU1 HO	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOV	Vland VN (If outside corporate limits, write f	RURAL and give township)
INS	TITUTION				Pol	+4	
0		St. Agnes	Hoenita	7		timore RESS (If rural, give location)	
		Do. venes	порртоа	*	117	S. Payson Street	
5. S	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs.
	Male	White	1 .	DIVORCED(specify)	Anoil	19:16 37	Months Days Hours Min.
10A	_	UPATION (Give kind of work		PLE BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
don	and the	working life, even if retired)	a)	ONE	MAN	01/1	WHAT COUNTRY?
13.	FATHER'S NAM		10	0 7 6	14. MOTHER'S M.	ADEN NAME	4-2-11.
	P-	- 11	N-T	-11A	07	trade A. Smit	4
		EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	440C A- 0.411	ADDRESS
(Yes	, no or unknown	If yes, give war or date	s of service)	SECURITY NO.	4) 4		
	NO	NONE		NONE		de METERLF 1175	
	18.	74,11		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY	Ovz	erdose of	narcotics	
	(This does	not mean the made of	dvina e.a.	(A)	erdose or	Marcocies	
	injury or co	, osthenio, etc. It means mplication which caused	the disease, death.)				
	_	ANTECENDENT CAUSE	ς.				
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO			
	UNDERLYI	E ABOVE CAUSE (A) ST	ATING THE				THE PARTY OF THE P
Z				(C)			
Ě	OTHER SIC	II	CONTRIBUTION	10			
5	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI	ATED TO T				
ERTIFICATION	19A. DATE OF	R CONDITION CAUSING		WHICH OPERATION	20A ALITOPSY	? (Yes or No) 20B. IF YES, WERE FINE	DINGS CONSIDERED
2	2	WAS PER		THE STERATION	Yes	IN CERTIFYING CAUSE	S OF DEATH?
7	21 A. EXTERNA	CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in ar about 21C. W	VHERE DID (If in Baltimore City, give	
EDIC	UNDERLYING	SE OF DEATH.	home,	, farm, factory, street, a	ffice bldg., INJURY		00-00
ME	21D TIME	(Month) (Day) (Year) (Hour) 2	Unknown	21F H6	Unknown	4.0
	OF INJURY					ov blo mook occa.	
	22.	8 2 65		VORK AT W	ORK X I	njested overdose of	narcotics
		tify that I held on I	nquiry	Inspection Aut	opsy 🗶 and	d that an this basis, death in my	apinIon
	resul	Ited fram: Natural car	ses A	ccident X Suicide	e Hamici	de Undetermined manner	
		(1)		10/	CHIEF M	EDICAL EXAMINER	DATE SIGNED
	SIGNAT		1188	isher M.D.	ASSISTANT M	EDICAL EXAMINER	DATE STORES
	EXAMIN NAME (NER'S Russell	S. Fish			EDICAL EXAMINER	8/23/65
	BURIAL CRE	MATION, 23B, DATE	231	C. NAME OF CEMETERY &	CREMATORY	23D. LOCATION (City, 1	own, or county) (State)
KE/	MOVAL (Specif	1 8.21	-1.	1 21. 1 -	Park	-Raltina	= Md
244	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR 1 9	ADDRESS 40 =
	AUG 2	5 1965 P.O.	6.38	Farley M.D.	GEg.L	. Schwab HUNER	AL ASTES ME
		400	-		Mon	iess. W. France 210	1 KNOWER UNE
V2	151-REV. 1/1/	00 11 11 11	100	m 1 m 13	3 3 4		

2001 P. PHOTO . 1505 TARREST ... St. Names Wellnigted 117 S. Jagton Storob infert . F Frankill to bush



1	BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 8842
5300	M.E. CASE NO.
	1. NAME OF DECEASED (Type or Print) GUSSIE SCOTT 2. DATE AND HOUR PRONOUNCED DEAD 8/21/65 11:115 a
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY / 8-03
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1/	Baltimore
4	D. STREET ADDRESS (If rurol, give location)
	Lutheran Hospital 109 Scott St. S. SEX 6. RACE 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.)
	widowed, DivorceD (specify) 1/23/1922 lost birthday) Months, Doys, Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ASIate or foreign causery) 12. CITIZEN OF WHAT COUNTRY?
	Watress South Cardlena
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown), (If yes, give wor ar dates of service) SECURITY NO.
	18. CAUSE OF DEATH INTERVAL BETWEEN
	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Acute Pyelonephritis following laceration
	(This does not mean the mode of dying e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) DUE TO of vagina
	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	CONTRIBUTIONS CONTRIBUTING
	1/2) OTREK STORMICKIET CONDITIONS CONTINUOUNG
	DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	UNDERLYING OR CONTRIB- Dame, form, factory, street, office bldg., INJURY OCCUR?
	2 21D TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK
	22. 1 certify that I held an Inquiry Inspection Autapsy and that an this basis, death In my apinlan
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner K
	CHIEF MEDICAL EXAMINER
	ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 8/24/65
	NAME (Type) Werner U. Spitz, M.D. 23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY of CREMATORY 23D. LOCATION (City, fown, or county) (Store)
	REMOVAL (Specify) 2/28/65 Aphitus Mem Sh. Butting my
	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24G, FUNERAL DIRECTOR ADDRESS
	AUG 26 1965 R. Cent E. Farkeyma Valuate Scholling 17271. Marial
BUEN EN SIN	VS 151-REV. 1/1/65



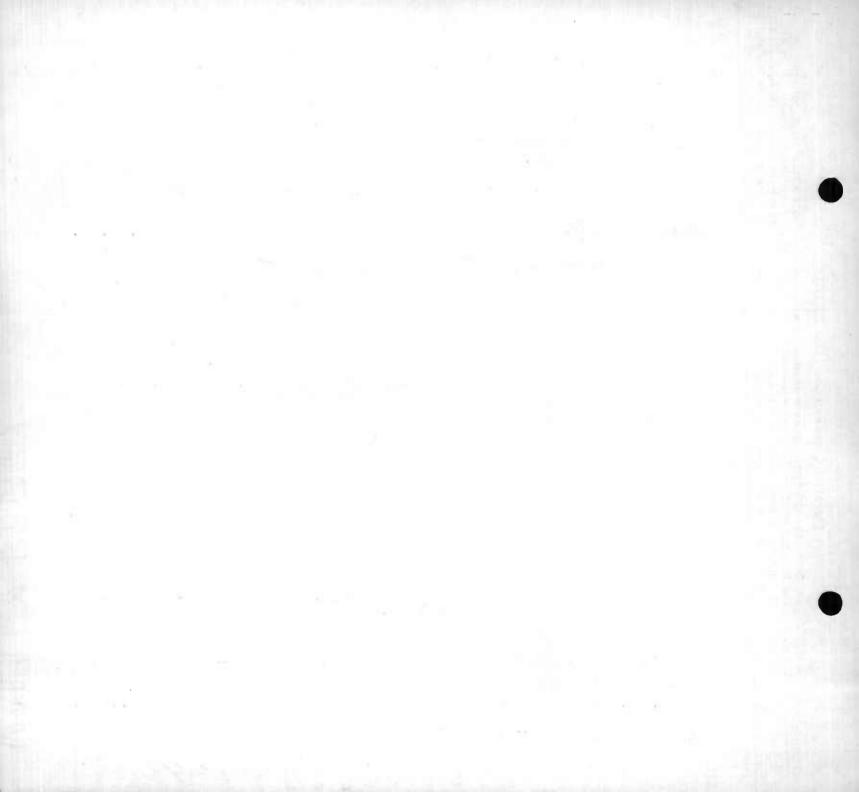
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VS 151-REV. 1/1/65

65 8843 BALTIMORE CITY HEALTH DEPARTMENT MFDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 8843

BIKIH NO.	MLD	CAL LA	HMIIIAFK 2 C	LKIIIICAII	LOIDLAI	I Lyadisieign ign-	
M.E. CASE NO.							
1. NAME OF DEC				2		PRONOUNCED DEAD	
	WILLI	E E,	BURT	the Ministra	August 2	0, 1965	1:15 P M.
3. PLACE IN BALT	MORE, MARYLAND, W	HERE PRONOUN	CED DEAD	IIA. STATE		lived. If institution: res	idence before odmission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUI	ION CIVE STREET	Mary	land		16-0
HOSPITAL OR	ADDRESS OR LOCA	TION)	ION, OIVE SIKEEI	C. CITY OR TOWN	(If outside corporat	e limits, write RURAL	and give township)
				Balti	more		
	Lutheran Hos	pital			SS /(If rurol, give loca	nion)	
				1111	W. Gilmore	Street	
5. SEX	6. RACE		IEVER MARRIED	8. DATE OF BIRTH		SE (In years If Unde	er 1 Yr. If Under 24 Hrs
Male	Nogro	WIDOWED, DI	VORCED (specify)	2.12.2	11994	Months	Doys Hours Min.
	Negro	TOR KIND OF	RUSINESS OF INDUSTR	YIII. BIRTHPLACE OF	ate or foreign country	12. CITIZ	ZEN OF
	grking life, even if retired)	live latter of	JOSH1233 CH (1120311	5	# /		AT COUNTRY?
	inner			14. MOTHER'S MAI	en car	alleng	
3. FATHER'S NAM	711.00-	12	1	14. MOTHER'S MAI	DEN NAME	1	
- 1	Ville	/ Dun		Me	nne,	scall	
	of EVER IN U.S. ARMED		6. SO CIAL SECURITY NO.	17. INFORMANT		ADDRES	\$
				Daniel	Bust	13112	aslem. a.
1B.	,		CALLS	E OF DEATH	1 Succe	101015	INTERVAL BETWEEN
57	100		CAOS	e or beam			ONSET AND DEATH
DISEAS	E OR CONDITION DI LEADING TO DEATH	RECTLY	Ma	ltiple Inju	miae		
(This does n	ot mean the mode of	dying e.g.,	(A) PIU	Trothre Title	YT T.O.D.		
injury or con	osthenio, etc. It meons application which caused	deoth.)					
	NTECENDENT CAUSE OR CONDITIONS, IF A		(B).				
RISE TO TH	E ABOVE CAUSE (A) S'		DUE TO				
	IG CONDITION LAST.		(C)				***************************************
₫	il						
	VIFICANT CONDITIONS						
DISFASE OF	DEATH BUT NOT RE		E				
19A. DATE OF	OPERATION 198, CON		HICH OPERATION	20A. AUTOPSY?	(Yes or No) 208. IF Y	ES, WERE FINDINGS	ON SIDERED
0 2	WAS PER	FORMED		Ye		FYING CAUSES OF D	EATH?
21 A. EXTERNAL	CAUSE WAS	21B, P	ACE OF INJURY (e.g.,	in or obout 21C. WH	IERE DID (If in Bolti	more City, give exoct	ocation)
UNDERLYING	FOR CONTRIB- SE OF DEATH.		form, foctory, street, Md. Lumbar (nklin St.	50 00
7					V DID INJURY OCC		20-02
OF INJURY	(Month) (Doy) (Yeo		E. INJURY OCCURRED				
(APPROX.)	8 20 65	TiTiDi	HILE AT NOT	WHILE IN	Jured by 1a	lling lumba	
22.	ify that I held an I	nauisy 🗆	Inspection Au	tapsy X and	that an this basis	death in my aninis	
			_			, death in my apinic	213
resul	ted fram: Natural ca	uses Ac	cident Suici			nined manner	
ACTUAL	1/1/10	1.1.11	6-	CHIEF MEI	DICAL EXAMINE	R	DATE SIGNED
SIGNAT		ייערעו	ZN M.	ASSISTANT ME	DICAL EXAMINE	R X	
EXAMIN	FP'C		7,,0	ASSOCIATE ME	DICAL EXAMINE	R	8/20/65
NAME (7 - 7	U. Spit					
23A. BURIAL CREATER REMOVAL (Specify		/ 23C	NAME of CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or	county) (Stote)
Roman	8/24	1/65			7/1/4/	tenillo	50.0
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME O	FREGISTRAR	24C. FUNERAL	DIRECTOR	2	ADDRESS
AH	G 9 ¢ 1065 A	0 50	7.0	100		10/11/2	1-12 MM MA
10.7 1 7	7 7 7 19171 / 1	of Mr. F. Frince Co.					

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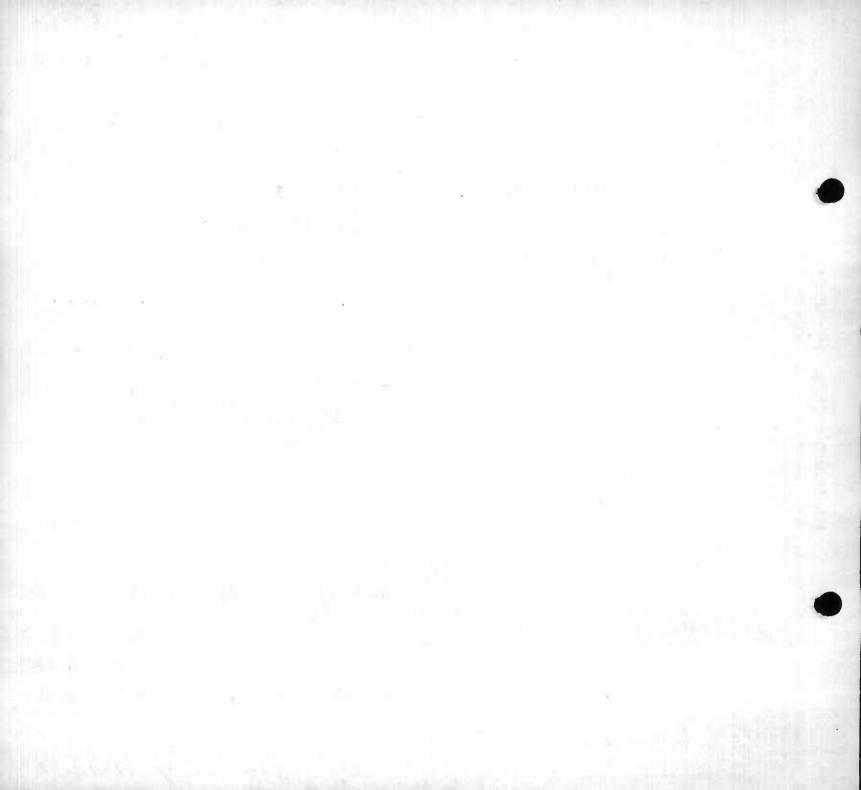


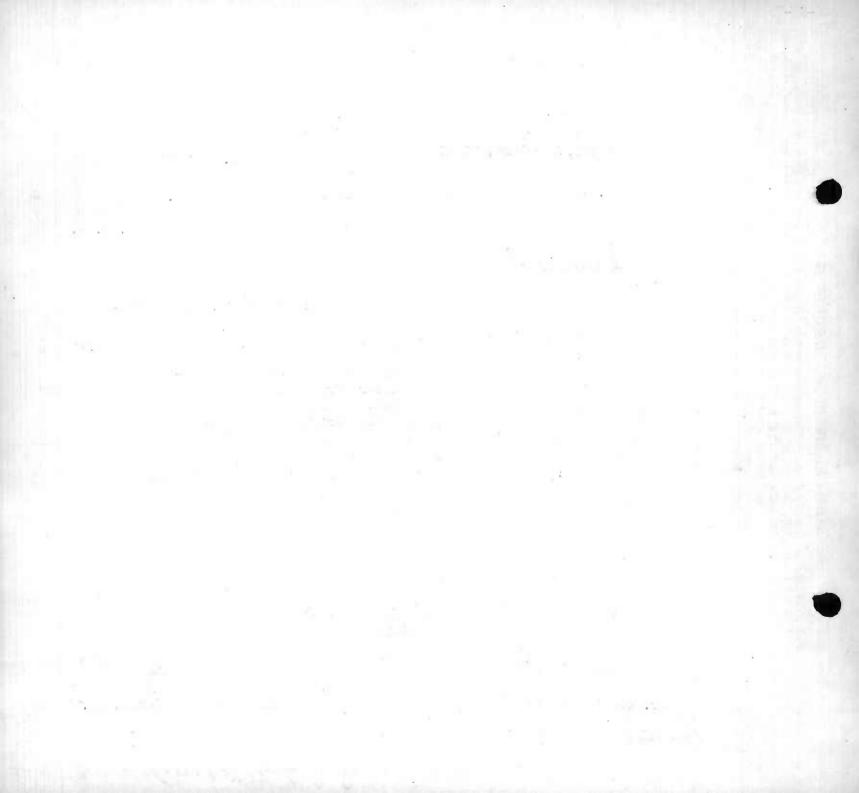
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

	5 ds 4 2m		BALTIMORE CIT	ITY HEALTH DEPARTMENT X B IN 65 8845
IRTH NO.	65 8845		CERTIFIC	CATE OF DEATH Registered No. 65 8845
A.E. CASE NO.	CEACED		CERTIFICA	2, DATE AND HOUR OF DEATH
ype or Print)		TOTALITA	arman Saman	
	FRANCES	BENNE	TT	August 22, 1965 *8:00 AM M
PLACE OF DE	ATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE 8. COUNTY
FULL NAME			give street	Md La Plata
HOSPITAL OR	oddiess or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	THE JOHNS	HODEL	ME HOSDITAL	La Plata 5/00
	THE JUDINGS	HUFKI	NO HOOF I IAL	D. STREET ADDRESS Af rurol, give location)
				4024 artansas auc.
SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. , If Under 24 Hrs.
F	Negro	Separ	D, DIVORCED (specify)	28Aug 1923 lost birthdoy! Months Doys Hours Min.
A. USUAL OCC	UPATION (Give kind of work			
ne during most of	working life, even il retired)			A + 0 WHAT COUNTRY?
memplo				Humler Ca. D.C.
FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME
Willie	Benbow			Amanda Sumpter
	d Ever in U. S. Armed Farc	es?	1 6. SOCIAL	17. INFORMANT ADDRESS
es, no or unknow	nt (If yes, give wor or dotes	of servicet	SECURITY NO.	477
				Mrs.Coley 4024 Arkansas Ave. Wash., D.C.
18. 6	0101		CAUSE	OF DEATH INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY		ONSET AND DEATH
	LEADING TO DEATH		Acu	te renal failure l week
	not mean the made at		DUE TO	
	, asthenia, etc. II means mplication which caused			
injory ar car		dedin,	End-	-stage chronic pyelonephritis years
	ANTECEDENT CAUSES		DUA POT	severe hypertension with
	OR CONDITIONS, if a		mia	roangiopathic hemolytic anemia
	ne abave cause (A)	sloling the	(C) m 1 C J	roangropathic hemorytic anemia
GIVEELING				
OTHER SICK	III	ONTRIBITIN	C	
TO THE	DEATH BUT NOT RELA	TED TO TH	1E	
DISEASE OR	CONDITION CAUSING IT		WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
2	F OPERATION 198. CONI		WHICH OPERATION	IN CERTIFYING CAUSES OF DEATH?
19A. DATE 0	ENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g.	g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIB	UTING CAUSE OF	hor	me, form, foctory, street,	office bldg., INJURY OCCUR?
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)		WI	hile At Not WI	
22 1				
	y that $\overline{\mathcal{A}}$) (this hospital)			
that (1) (we) last saw the decease	d alive on	August 2	22 19.65 and that in(my) (aur) apinian death accurred on the dat
and hour an	nd from the causes state	ed abave. ((I) (WXE) (did) (dxdxxxxx)	t) view the body after death.
23A. SIGNAT		-	The state of the s	23B, DATE SIGNED
1	11/1		M.D. A	Attending
a	· Jugh Oll	my		Phys. Director Phys. Intern Aug 22, 1965
23C. PHYSICI,	Type			23D. ADDRESS
THE !	W. Leigh	Thomp	son M.	D. Osler Service, Johns Hopkins Hospita
IA. BURIAL CRI	EMATION, 248. DATE	-	AME of CEMETERY of C	
REMOVAL		1.		siles +
Tem	ruel 8/24/	65 Q	range 1	Tell sumles Dic.
A. DATE REC'E	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS
AU	G 25 1965 (P.	Cree for E	Jankey M. D.	Why glow & Thellies 172.71 Maria
150-REV. 1/1.		173	1 1 10 5	and the state of t
13V=KC V.~1/.1/	1.40 .3	1 1	1 1 1	1 11 .3 (/)



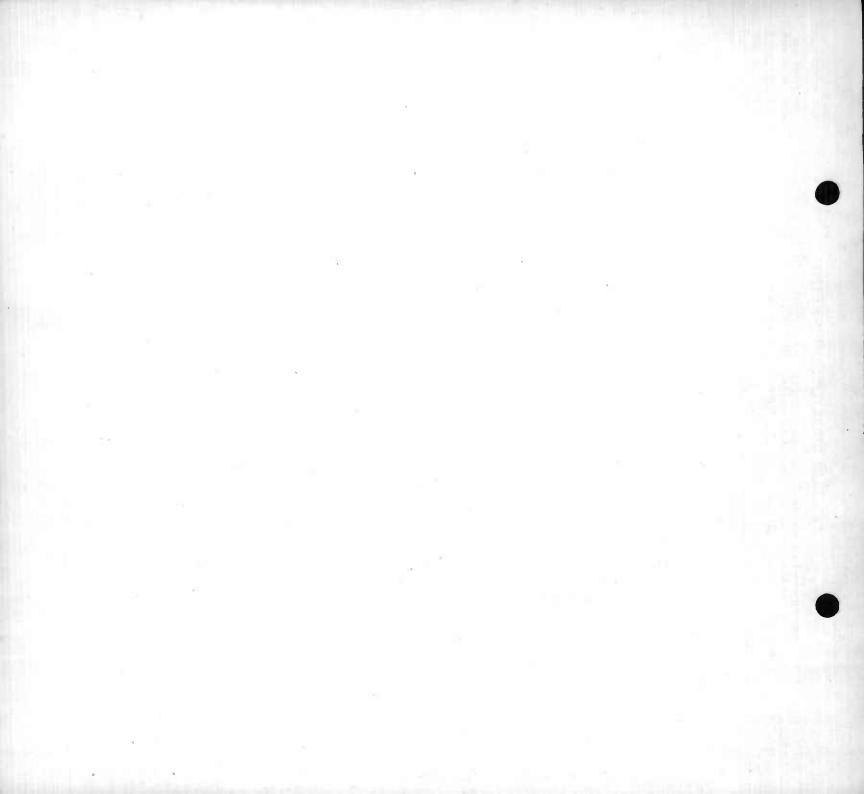


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DIRECTOR:

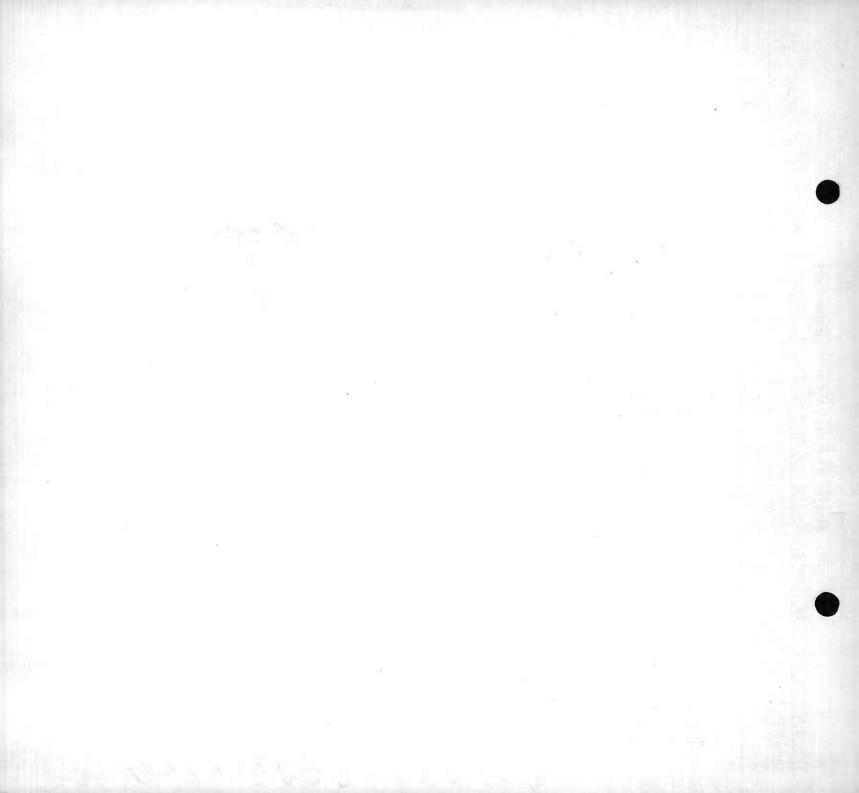
FUNERAL

VS 150-REV. 1/1/65



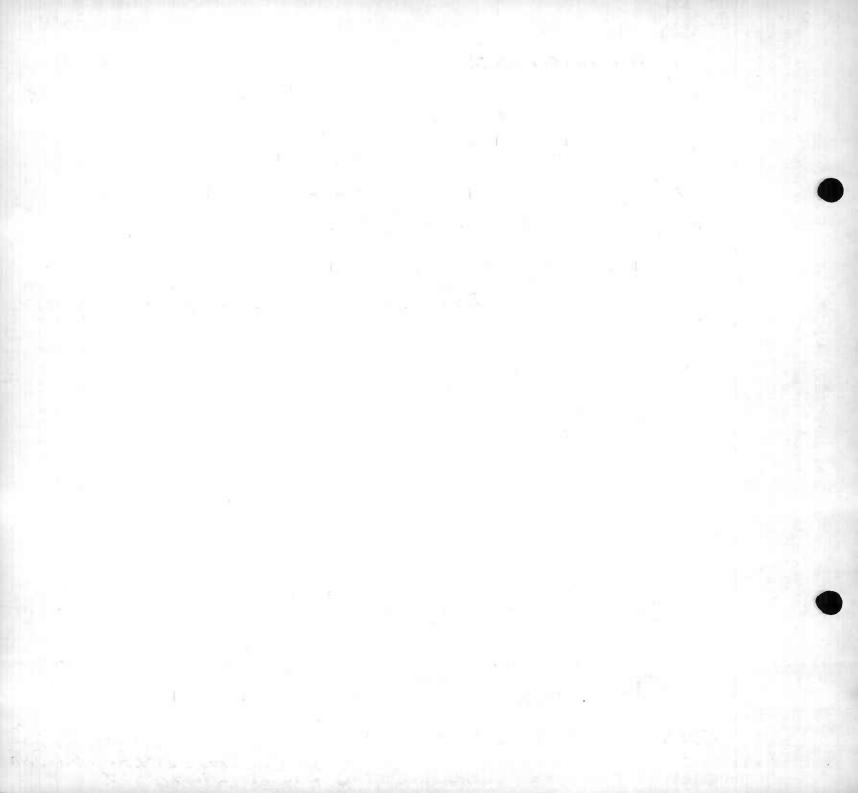
IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE 8. COUNTY (If outside city limits, write RURAL and give tawnship) If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL SETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or Not I 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) 21 19.65 ...and that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED (City, tawn, ar county) ADDRESS 5 VS 150-REV. 1/1/65

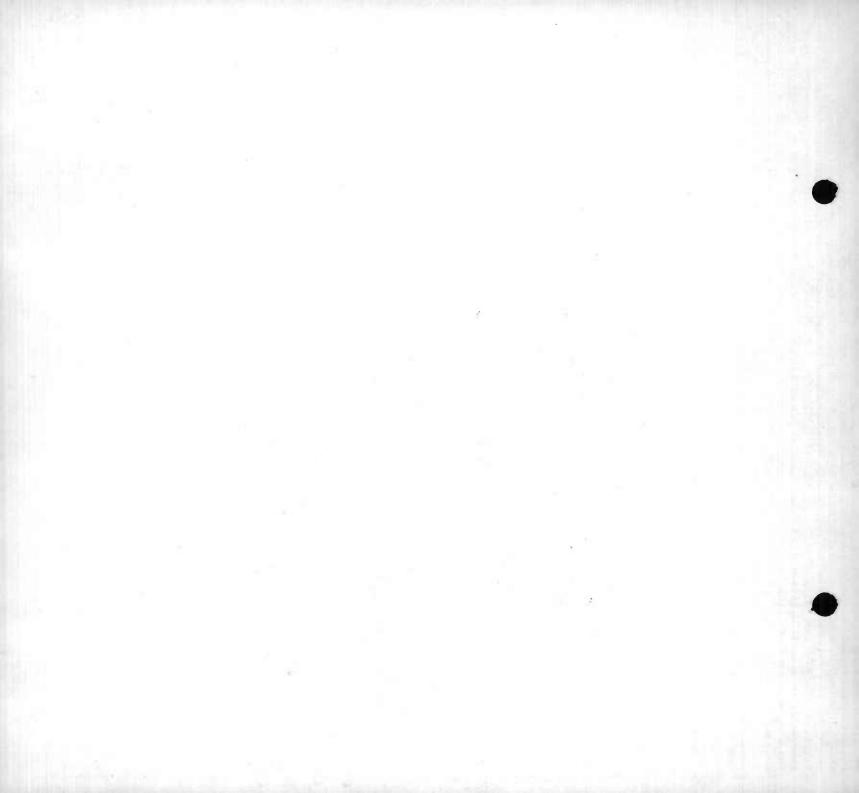


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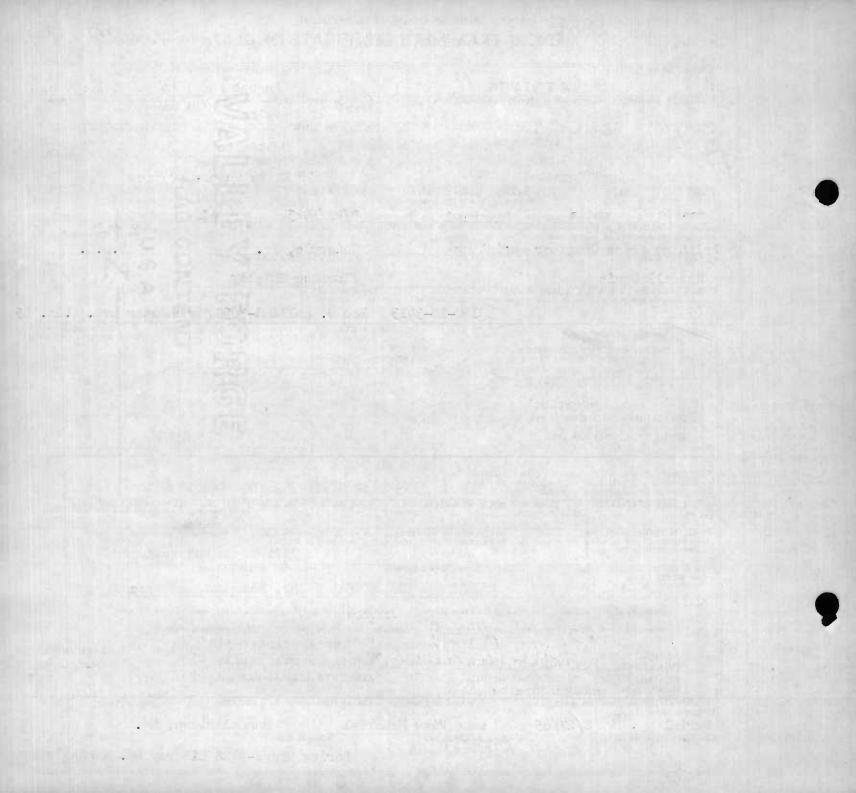
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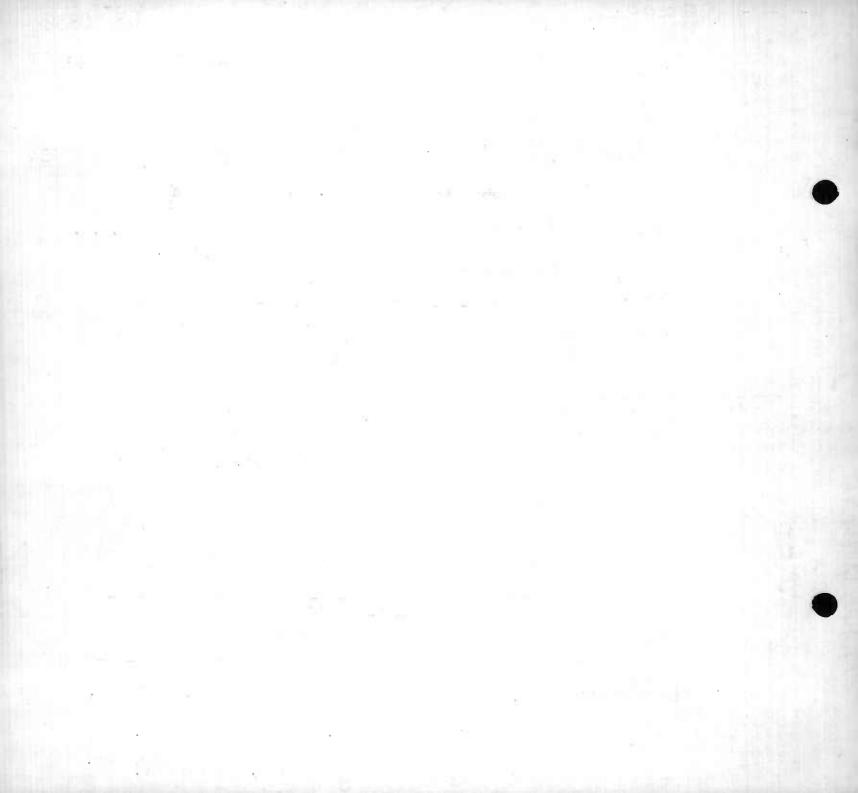
		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 8850
BIRTH NO. M.E. CASE NO.	5 8850	CERTIFICA	TE OF DEATH	Registered No.	00 0000
NAME OF DECEASED	Thur J. P.	Abel Sz,	2. DATE AN	ND HOUR OF DEATH	65 8:15
3. PLACE OF DEATH II	BALTIMORE MARYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before adr
FULL NAME OF HOSPITAL OR	(If not in haspital ar institu	tion, give street	C. CITY OR TOWN (If ou	anid ala limia unia l	27-1
INICTITIITION	d General	Hospital	Baltimore		ROKAL and give township)
Marylan	d General	ito spirai	D. STREET ADDRESS (If	rujal, give location)	1.40
S. SEX 6. RA	CF 7. MAR	RRIED, NEVER MARRIED	709 WOO	bourne i	
M	WIDE	OWED, DIVORCED (specify)	7/10/03	9. AGE (In years last birthday)	If Under 1 Yi. If Under Months Days Hours
toA. USUAL OCCUPATE	a life even if retired)	ID OF BUSINESS OR INDUSTR	, 4	ign country)	12. CITIZEN OF WHAT COUNTRY?
Trucker	C	phstruction	Maryland		U.S.A.
13. FATHERS NAME	Pbel		14. MOTHER'S MAIDEN NA	/	
15. Was Deceased Ever	in U. S. Armed Faices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If you	es, give war ar dates of serv	216-07-365			
18.420,	/ 1	CAUSE	F DEATH		INTERVAL BETWEE
DISEASE OF	CONDITION DIRECTLY	NA.	yocardial I Atherosclero	- (+	UNSET AND DEA
	eon the made of dying,	e.g., DUE TO	yo cardial 1	ntarclion	1/ any
	nio, etc. II means the disc tion which coused death.)	ease,	1-1		
ANTE	CEDENT CAUSES	(B)	Alherosclero	515	
	ONDITIONS, if ony, gi	iving			
UNDERLYING CO	ove couse (A) sloting NDITION last.	ine (C)	handa de		
Z OTHER SIGNISICAL	II CONTRIBIONS CONTRIBI	LITING	Harley Market		
2 TO THE DEATH	NT CONDITIONS CONTRIBLE BUT NOT RELATED TO DITION CAUSING IT.				
19A. DATE OF OPER	RATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPER	AS UNDERLYING		in or about 21 C. WHERE DID		City, give exact lacotion)
OR CONTRIBUTING	CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, faim, factory, street, etc.)	office bldg., INJURY OCCUR?	III POINTING	
0 21 D. TIME (Mai	nth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
S (APPROX.)		While At Not Whi Wark At Wark	le 🗀		
22. I certify that	(I) (this hospital) ottens	ded the deceased from		1965 to Au	9 25 19.
		on Aug. 25			
ond hour and from	the couses stated abou	ve. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	2 / 1	4 111	tending C A4nd -	Stall A	23B. DATE SIGNED
11/11	nehad -	Joula M.D. At		Staff Phys.	8-25-65
23C. PHYSICIAN'S NAME (Type)		40	23D. ADDRESS		
24A. BURIAL CREMATIO	ON, 24B, DATE 24	M.D.	REMATORY 124D 1	LOCATION (Ci	ty, tawn, or caunty)
REMOVAL (Specify Burial	8/28/65				
25A. DATE REC'D BY H		Lorraine Park C	2SC. FUNERAL DIRECTO	ltimore, Md.	ADDRESS
AUG 26	1965 00 0	Er Faileuna .	Seley Funere	l Home Balt	ork R oad
VS 150-REV, 1/1/6S	- Ugara	- NO	+ 6 5 5 5	DELLI	ALL THE CALL



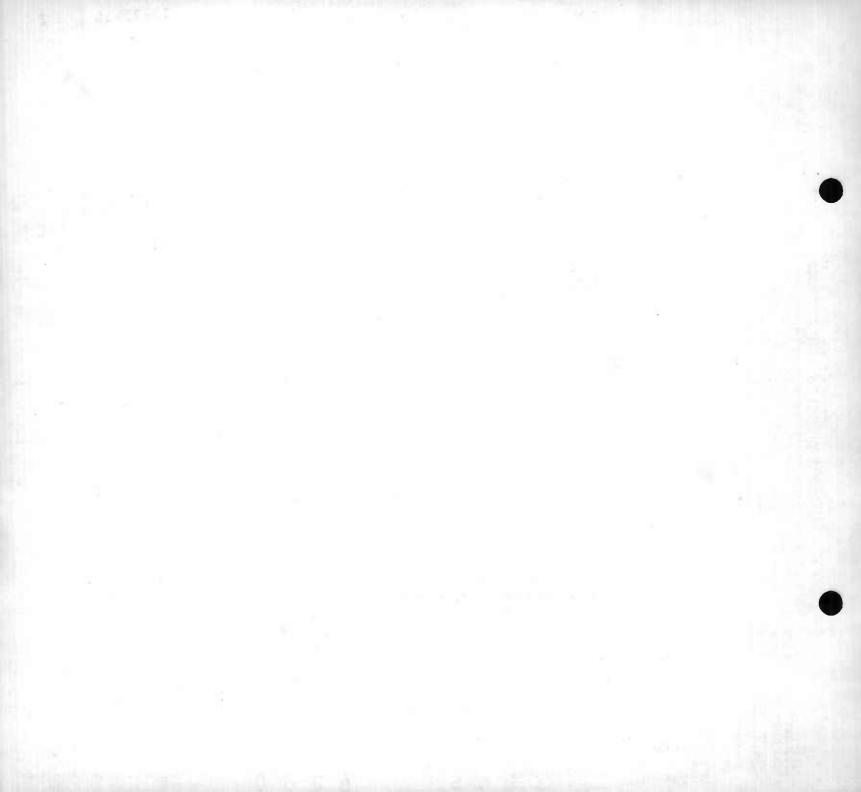
(Type or Print)	ECEASED		41-11-11-11-11	2. DATE AND	HOUR PRONOUNCE	D DEAD			
	ERI	S DAVIS		Augus	t 24, 1965	10	1:00 p M.		
3. PLACE IN BA	LTIMORE, MARYLAND, V	A. STATE	Marylan		NTY				
HOSPITAL OR	ADDRESS OR LOC	C. CITY OR TOV	VN (If outside o	corporate limits, write	RURAL and give	township)			
/		D. STREET ADDE	RESS (If rurol, gi	ive lacation)		/			
	Sinai Hospi	tal	352	5 W. Bel	vedere Aver	nue			
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIRTH	4	9. AGE (In years lost birthday)	II Under 1 Yr. Months, Doys	Il Under 24 His		
female	white	Divorced	8/21/19	23	432		110013		
		THE TOR KIND OF BUSINESS OR INDUST		State ar foreign		12. CITIZEN OF	INITRY2		
11.	f working life, even if retired) Press Operato		Chionyl	e Pa.		U.S.A	INTRT?		
13. FATHER'S NA	ME	Pa All Valle	Chiopyl	AIDEN NAME		0.00			
Russell	Davis		Florence	e Shiple	e.v				
	SED EVER IN U.S. ARME		17. INFORMANT	*		ADDRESS			
No	, , , , , , , , , , , , , , , , , , ,	190-16-3413	Leo G. H	lolland-3	3630 Manche:	ster Ave.	Pant. 1		
10,22,70	112-		E OF DEATH		,0,0		VAL BETWEEN		
Dise	ASE OF CONDITION D	UNICELY W				ONSE	T AND DEATH		
Dise	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty metamorphosis of liver and								
(This does	(This does not mean the mode of dying e.g., -OUE-TO arteriosclerotic cardiovascular								
hean lailure, osthenio, etc. It means the disease, injury or complication which coused death.) disease									
injury or c	omplication which coused		cerroscier	di di	sease				
	ANTECENDENT CAUS	deoth.)	cerroscrer	di di	sease				
DISEASES RISE TO T	omplication which coused	GES ANY, GIVING DUE TO	ter rosc rer	otic car di	sease				
DISEASES RISE TO T UNDERLY	omplication which coused ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) !	GES ANY, GIVING DUE TO	ter roscier	otic car di	sease				
DISEASES RISE TO T UNDERLY	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST.	GES ANY, GIVING DUE TO STATING THE	terroscrer	otic car di	sease				
DISEASES RISE TO T UNDERLY	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ! ING CONDITION LAST. III GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN	GES (B) (B) (C)	gism of al	di cohol an	sease d barbitura	ates			
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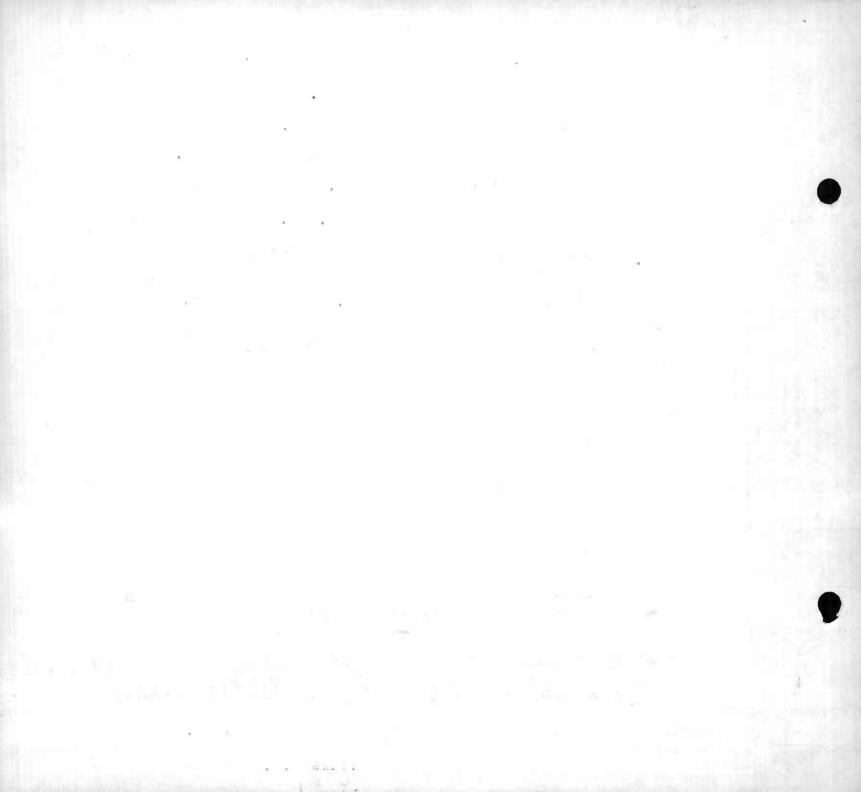


BALTIMORE CITY HEALTH DEPARTMENT



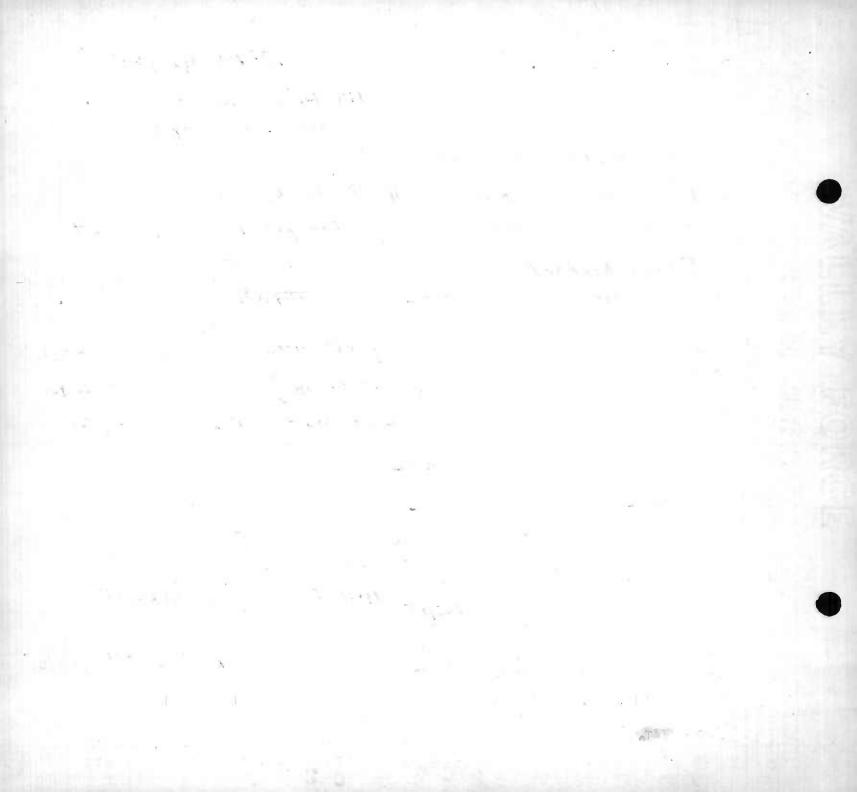
05 0059	BALTIMORE CITY HEALTH DEPARTMENT	30.05 A
BIRTH NO. 65 8853	CERTIFICATE OF DEATH	Registered No. 30-95-66
M.E. CASE NO. 1. NAME OF DECEASED (Type of British Control of Britis	2. DATE	AND HOUR OF DEATH
(Type or Print) Mary 13 12	ott 17	uc 26,1965 2:301
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. CO	there deceased lived. If institution residence before admi
FULL NAME OF (If not in hospital or institution oddress or location)		03-43
INSTITUTION	Baltin	outside city limits, write RURAL and give township)
Univ. of MV. Ho	D. STREET ADDRESS	(If rural, give location)
		armon Nye
WIDOV	D, NEVER MARRIED JED, DIVORCED (specify)	9. AGE (In years If Under 1 Yr. If Under 2 Months Doys Hours A
	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or 1	oreign country) 12, CITIZEN OF
done during most of working lite, even if retired)	+ 0 - 60	WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN	NAME
Taluis Rallot	to Lea-	Tul+ ~
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown)(If yes, give wor or dotes of service)	16. SOCIAL 17, INFORMANT	ADDRESS
ND	security No.	62
1B. 171X 1	CAUSE OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	C .	
(This does not meen the mode of dying, e.		or cerying 13 yr
heort foilure, osthenio, etc. It means the diseo- injury or complication which coused death.)	se,	
ANTECEDENT CAUSES	(B)	7001 URAAAAAA 2000 OO
DISEASES OR CONDITIONS, if ony, giving the lotter of the obove course (A) stolling I		
UNDERLYING CONDITION lost.	he (C)	
Z OVER SOMESON CONTRIBUTE	INC.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	R WHICH OPERATION 20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	PIR PLACE OF INITIRY (e.g., in or about 21C, WHERE DID	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ome, form, foctory, street, office bldg., INJURY OCCUR?	only, give exect tocollett
O 21 D. TIME (Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURRED 21F. HOW DID	INJURY OCCUR?
	While At Not While Nork	
22. I certify that (I) (this hospital) attended		19 45 to 18 V 6 7- B 19
that (I) (we) lost sow the deceased alive of	1	that in(my) (our) apinian death occurred on t
and haur and from the couses stated obove.	(I) (We) (did) (did not) view the body after deot	h.
23A. SIGNATURE	0	23B. DATE SIGNED
Lovi (Bren	M.D. Attending Med. Director	Stoff Phys. 8/2-6/65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	+ 11' 2
24A. BURIAL CREMATION, 124B. DATE 124C.	NAME of CEMETERY OF CREMATORY 24D	LOCATION City, town, or county)
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C.	Ch to the the	alt. TI No
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR 250 FUNERAL DIRECT	TOR ADDRESS
AUG 27 1965 (0. 6	E Farker MI (1/7	- 130 € Foct as.
VS 150-REV. 1/1/65	550000	1

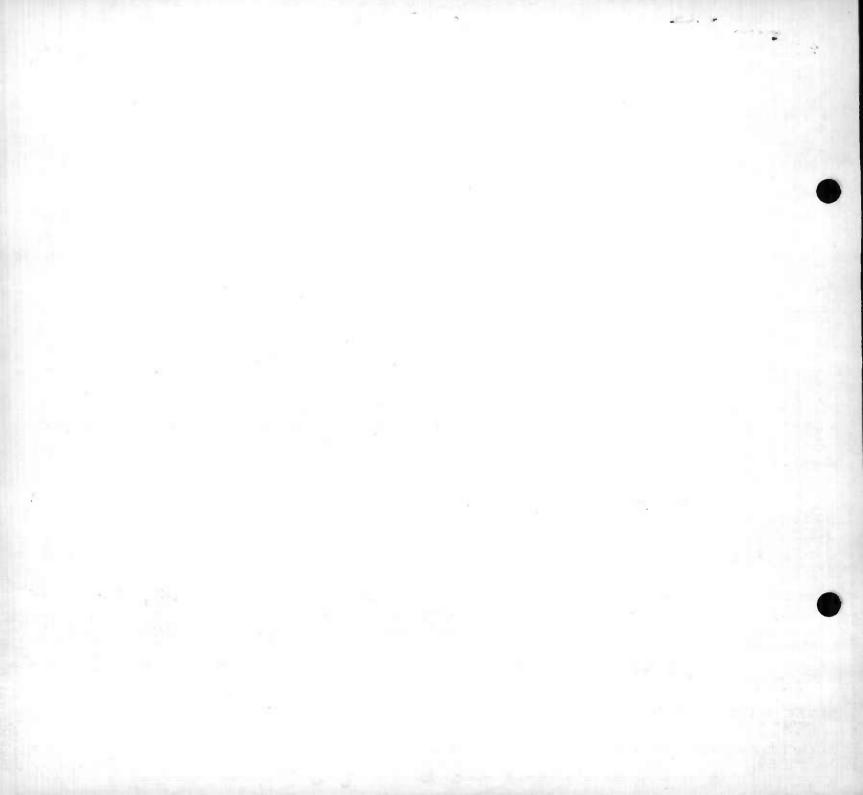


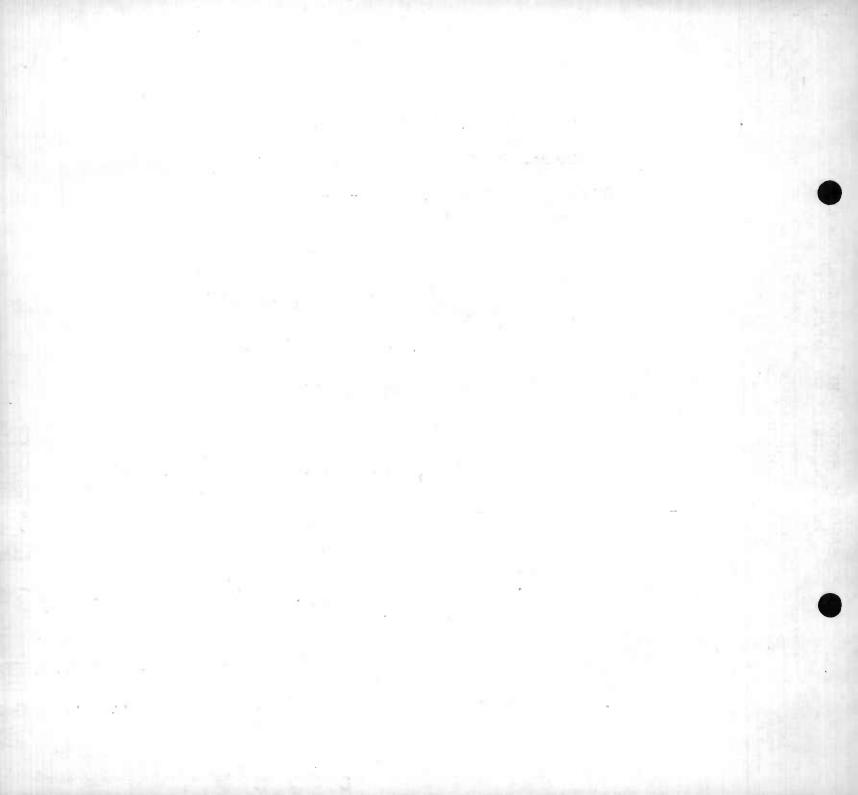


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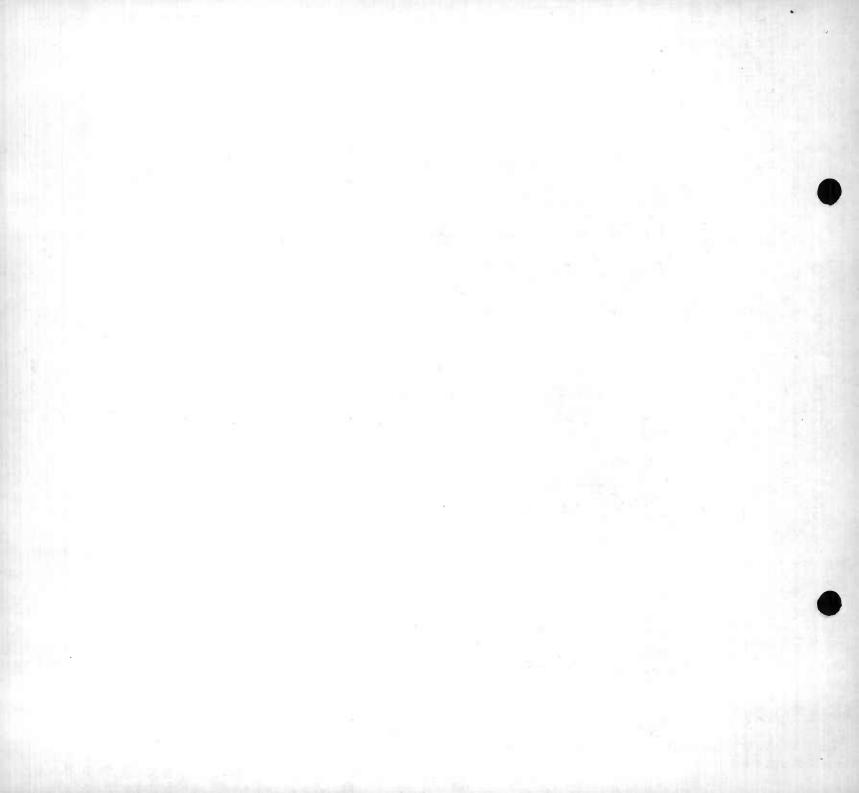


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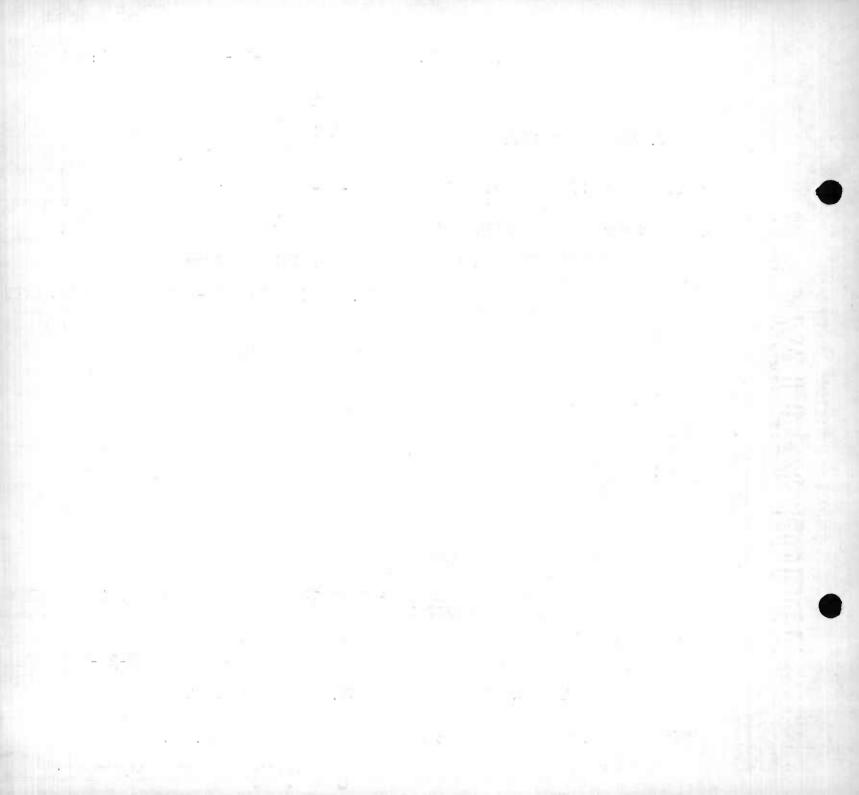
DIRECTOR:

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DIRECTOR:

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	PLACE OF DEATH IN BALTIMORE, MARYLAND	8 - 35 - 65 9 8 4 M. 4. USUAL RESIDENCE (Where deceosed fived. If institution: residence before admission) A. STATE B. COUNTY
+	FULL NAME OF (If not in hospital ar institution, give street oddress ar lacotion) INSTITUTION Mercy Hospital	C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore City D. STREET ADDRESS (If rurol, give location)
	SEX 6 RACE 7. MARRIED, NEVER MARRIED	635 South Conkling Street
	Female Caucasian Widowed, Divorces (specify) Widowed A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	1896 - 3-24 69 Months Doys Hours Min.
de	Home maker	Baltimore, Maryland U.S.A.
13	Frank Ziegenhein	Amelia Greisinger
1.5 (Y	was Deceased Ever in U. S. Armed Farces? es, no or unknown) (If yes, give was at dates of service) No. 220-44-1781	17. INFORMANT 1800 N. Charpers St. Son, Mark G. Strovel, Balto. Md. 21201
(Y	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	of DEATH OF DEATH ONSET AND DEATH of Cardiac Decomposition 8 days
	heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	approprietic + Mitral Stenoses + Insufficiency & years
MOITA	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	appro, appro, appro, appro, exemple Heart Disease > 50 years
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	appro, ap
CAL CEPTIEIC	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAUSE	appro, appro, appro, tic + Mitral Stenoses & Insuffiency & yea eumatic Heart Disease > 50 years 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
AL CERTIFIC ATION	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAUSE	appro, tic + Mitral Stenoses + Insufficiency & year eumatic Heart Disease > 50 years 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

111.51 Francisco Little of the complete topoli gram I do to be be Femile Courses wideout Home me har Amelia Generalas Frank Ziegenheim , , , , , Acate Cardine Decouperation 2 clinic Antes Mond Steen + Low Co Removate their Disease of Committee e.VI

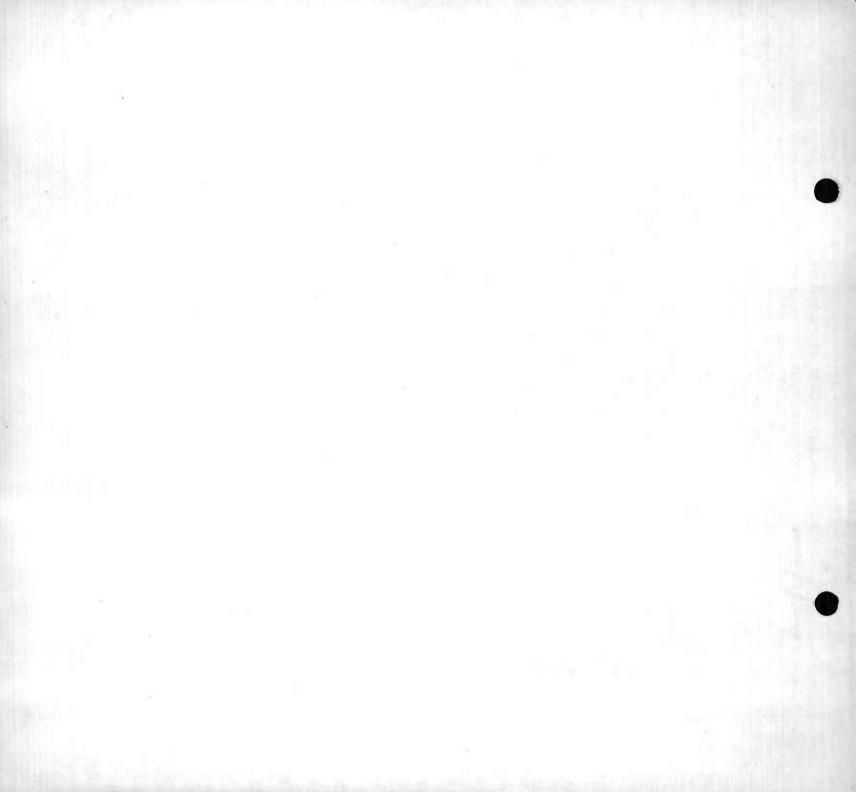
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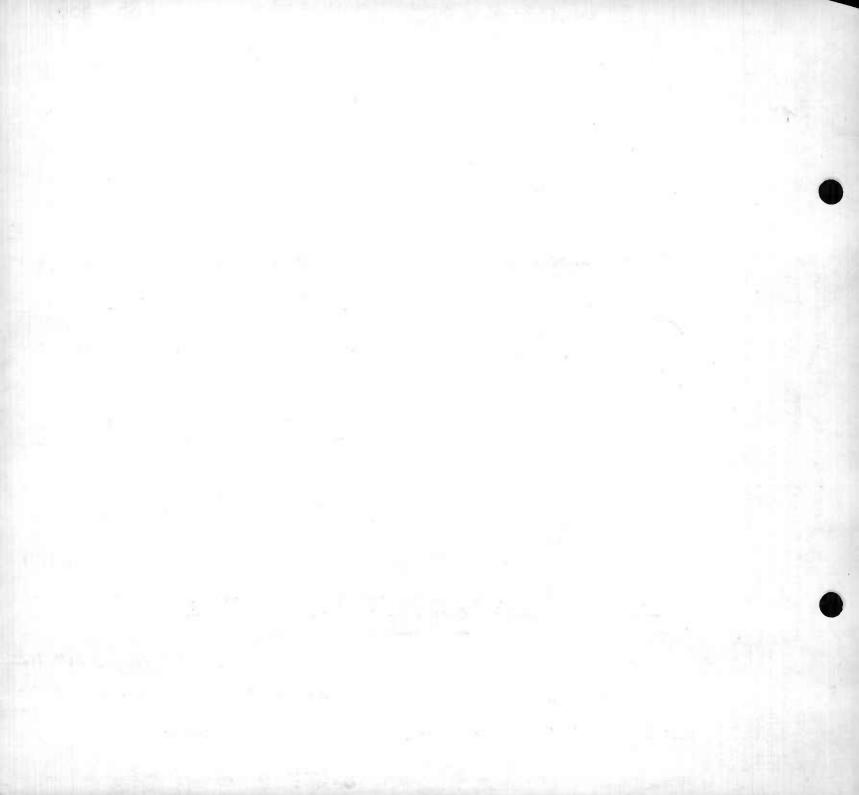
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11/3 1 65 0000	BALTIMORE CITY HEALTH DEPARTMENT
143 BIRTH NO. 45. 848438863 M.E. CASE NO.	CERTIFICATE OF DEATH Registered No. 00 8863
	2, DATE AND HOUR OF DEATH
1. NAME OF DECEASED (Type or Print) AR / C S / C C C C C C C C C C C C C C C C	BAUDITZ AUGUST 31,1965 201 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, address or location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
) (-1)
	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
FULL NAME OF (If not in hospital or institution, address or location)	PA 1-14
	D. STREET ADDRESS (If rural, give location)
7.7	SP, 4200 Seidel AUF
5. SEX I6. RACE I7. MARRIED.	, NEVER MARRIED D, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. lost birthday) Months: Doys Haugs Min.
MIDOWED MALE White WIDOWED MALE White WIDOWED MIDOWED MIDOWED	D. DIVORCED (specify) Aug 29, 1965 Manths Doys Haus Min. 2 6 25
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	F BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CFTIZEN OF
done during most of working lite, even if retired) 13. FATHER'S NAME 1-1 ARRY CARI BAL	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0 1 0	1111 - 115 . 2/1.
	UbliTZ Isobel Eugenia Aleshire
	16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	- mother SAME
18.763,5	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OF COMPLETON PIREST	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) (Copyalean Treumnilis
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUETO
injury or complication which coused death.)	
heort failure, asfhenio, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	DUE TO
DISEASES OR CONDITIONS, if ony, giving	
rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6 Premateinte
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	remallinly
19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION 20A. AUTOPSY? (76 or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	IN CERTIFIEND CAUSES OF BEATH!
U 21A. ACCIDENT WAS UNDERLYING 21B. hom of CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	R. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) me, form, factory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
I - IOF INJURI	nile At Nat While At Wark
22. I certify that (I) (this hospital) attended the that (I) we last saw the deceased alive an	the deceased from August 24 1965 to 1449UST 31 1965,
	August 3/ 19 65 and that in (my) (aur) opinion death accurred on the date
and bour and fram the causes stated above.	D(We) (did) (did nat) view the bady after death.
and bour and fram the causes stated above. (1	23B. DATE SIGNED
	M.D. Attending Med. Director Phys. 8/3/65
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NA	23D. ADDRESS
HARVE TYPE	M.D. M. Sene - 1 Has a to
24A. BURIAL CREMATION, 24B. DATE 24C. NA	AME of CEMETERY & CREMATORY A 1 120 LOCATION V A (CITATION) (State)
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NA	ANATONI DOMAD OF MARTILAND
SEA DATE RECID BY HEAT WILL DATE	TOHNS HOPKINS MEDICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME CONTROL SEP 2 1965	E TOLLINA MORTIARY SERVICE RCHD
> III	
VS 150-REV. 1/1/65	MORTUARY SERVICE - BCHD



VS 150-REV. 1/1/65.

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

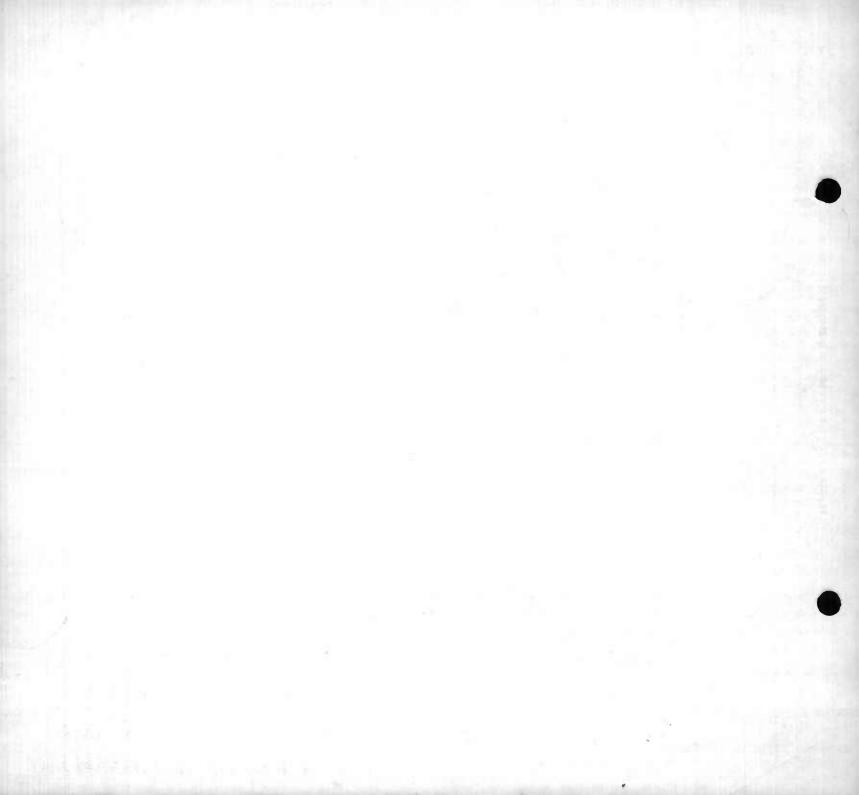
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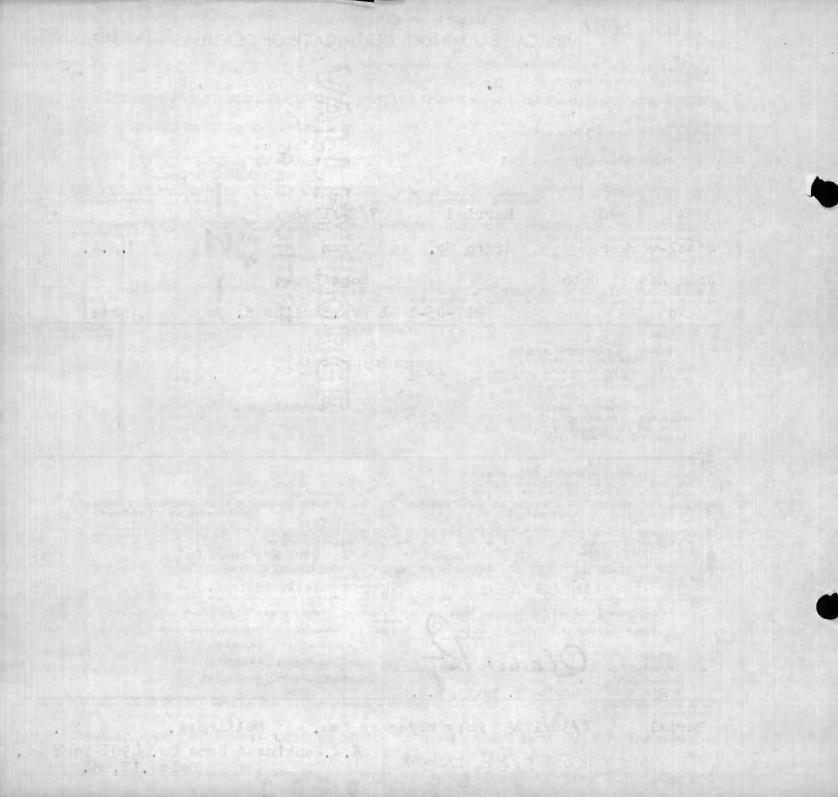
0 occurred death assistant if IMPORTANT his examiner FUNERAL DIRECTOR: the chief medical be approved certificate

VS 150-REV. 1/1/65

ITY HEALTH DEPARTMENT		05
ATE OF DEATH	Registered Na.	65 8866
2. DATE AN	D HOUR OF DEATH	
2/2	5/LE	655 AN
4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before admission)
Md. U.S	A	10-01
C. CITY OR TOWN (If out		URAL and give township)
Balto.	Md.	
D. STREET ADDRESS (If	ruial, give location)	
411 E. Biddle	St.	
B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
7/21/65	dist birnady)	/ C Hours
TRY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
Balto, Md		American
14. MOTHER'S MAIDEN NAM		Theneur
Dorothy 17. INFORMANT	42 rey	
		ADDRESS
DOROTHY.	MICKEY 4	ILE, BIDDLE ST
OF DEATH		INTERVAL BETWEEN
./ / .		ONSET AND DEATH
Hypern etramiz	00 00 00 00 00 00 00 00 00 00 00 00 00	
Diarrhea		
Nme		
////		
7		
hone		
20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 F. HOW DID INJ	URY OCCUR?	
Vhile ork		
	066 10 8	125 1965
		nion death occurred an the date
	or in(my) (dur) apir	nion death occurred an the date
) view the bady after death.		DATE SIGNED
Attending Med.	Stoff 1	8/25/65
Attending Med. Phys. Director	Stoff Phys.	0/25/05
23D. ADDRESS	-11	2 0+
D. Mercy H	e 2 bi 1 81	Ballo.
CREMATORY 24D. LC	CATION (Cit	y, town, or county) (State)
LVARY a	,a. Cou	N/Y Ma.
25C. FUNERAL DIRECTOR		ADDRESS
JUGUETTI K	VIGH1 163	I N. DKOAd VYAY



BIRTH NO.	MED!	CAL EXA	MINER'S CE	ERTIFICATE O	OF DEATH Registe	ored No. 65 886
M.E. CASE NO. 1. NAME OF DE (Type or Print)	CEASED GEORGE	B.	СОВО	2. DA	TE AND HOUR PRONOUNCE August 26, 196	
3. PLACE IN BAL	TIMORE MARYLAND, W	AL OR INSTITUTIO		A. STATE Mary 1	B. COL	2/-4
INSTITUTION	Memorial Hos			Baltin	(If rural, give location)	
					Northwood Drive	
5. sex Male	6. RACE White	7. MARRIED, NEV WIDOWED, DIVO Marri	RCED(specify)	8. DATE OF BIRTH 7/27/1906	9. AGE (In years lost birthdoy) 59	If Under 1 Yr. If Under 24 Hrs. Months Oays Hours Min.
	UPATION (Give kind of work working life, even if retired) PROP	Armco		Texas	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAM	ME			14. MOTHER'S MAIDEN	NAME	
John Mar	nuel Cobo			Rose Brav	0	
15. WAS DECEAS	ED EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	in yes, give wor or dore		7-05-1851	Mrs.Pauli	ne H. Cobo	(Same)
DISEASES RISE TO TH UNDERLYI OTHER SIG	not meon he mode of control of the course of	the discose, decth.) S NY, GIVING TATING THE CONTRIBUTING LATED TO THE	(B) Multi	ple Rib Frac	tures.	
19A. DATE O	F OPERATION 198. CON WAS PER	FORMED		Yes	or No. 208. IF YES, WERE FI	SES OF DEATH? Yes
UNDERLYING	AL CAUSE WAS ROR CONTRIB- USE OF DEATH. (Month) (Doy) (Yeo	home, fo	CE OF INJURY (e.g., of the control o	ffice bldg., INJURY OCC	DID (If in Baltimore City, gi :UR? Northwood Drive	00 110
OF INJURY	8 11 '6		E AT NOT	WHILE X Fell	off roof.	
	rtify that I held an I		dept Suicide		on this basis, death in a	
ACTUA SIGNAT EXAMI	LI OL	acles)	7)		AL EXAMINER AL EXAMINER	DATE SIGNED 8/26/65
NAME	(Type) Charle	es S. Pett	y, M.D.			r, town, or county) (State)
Burial	8/30/		ly Redeem		Baltimore,	Md.
	BY HEALTH DEPT.	24B, NAME OF	Ta O. M.B	H.W. Jenk	ins & Sons Co	. 4905 York Rd



VS 151-REV, 1/1/65

Biddle St.

(Mrs.) Frances A. Hemsley

THE SECRET SERVICE AND ASSESSED.

	0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 8869
ME CAS		CERTIFICA	TE OF DEATH	Registered Na.	00 0000
Type or I	Print) Martha Po			24. 1965	
FULL 1	TAL OR oddress or location	or institution, give street	Maryland c. city or town (if Baltimore	JNTY	RURAL ond give township)
			1129 Ellic	ott Dr.	
	181e Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED (specify) WIDOWED (specify) TOB. KIND OF BUSINESS OR INDUSTRY	12/13/97	9. AGE (In years lost birthday) 67	If Under 1 Yr. If Under Months Doys Hours
	ng most of working life, even if retired}		Va.	orangi. Goomly,	U.S.A.
13. FATHE	George Wash	nington	14. MOTHERS MAIDEN N	AME	
15. Was C	Deceased Ever in U. S. Armed For runknown) (If yes, give wor or dote	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ree 2503 W	ADDRESS Mosher St.
heart injury DISE rise	s daes nat mean the made af it failure, asthenia, etc. It means y ar camplication which caused ANTECEDENT CAUSES EASES OR CONDITIONS, if to the above cause (A) DERLYING CONDITION last.	the disease, death.) (B) DUE TO any, giving	Intestinaf l		
NO OTH TO TO DISE U DISE U DISE U DIA U DEAT U DIA U DI U DIA U DI	II JER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO THE PROPERTY OF THE PRO	ITED TO THE T. DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exoct locotion)
22. I	(I) (we) last saw the decease	while At Not White At Work attended the deceased from d alive an	1938 and		19
23A. S	SIGNATURE SIGNAT	De data out	ending Med. Director 23D. ADDRESS	Stoff Phys	238. DATE SIGNED
AM B	RIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR Church Com. 25B. NAME OF REGISTRAL Polyub E. Halley M.A.	EMATORY 24D.	Remo, Va.	ADDRESS Calh

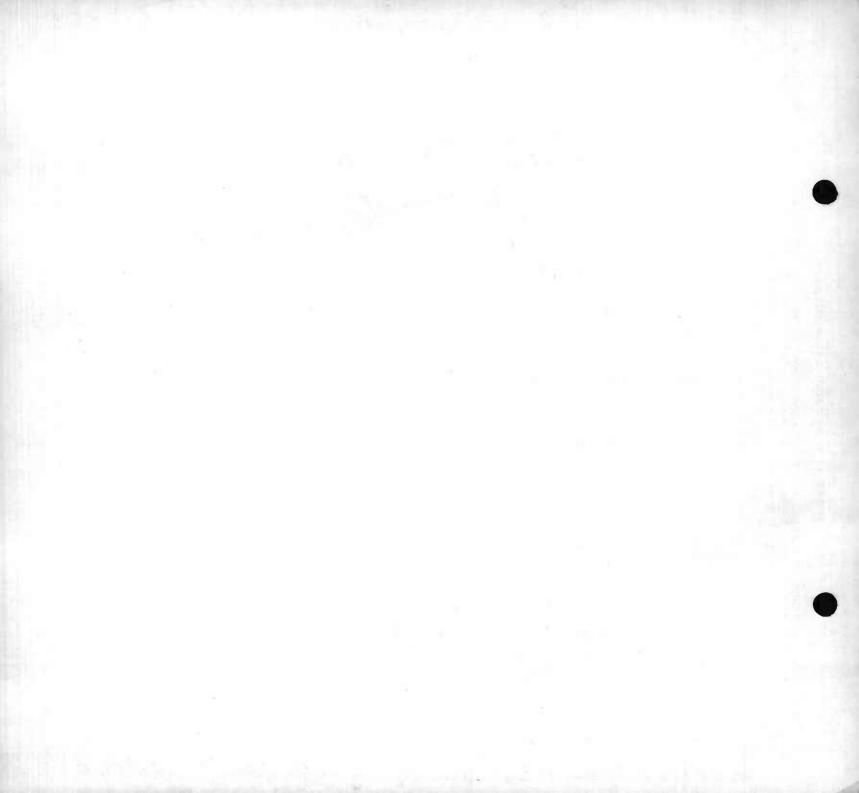
vs 153 signed by funeral director.

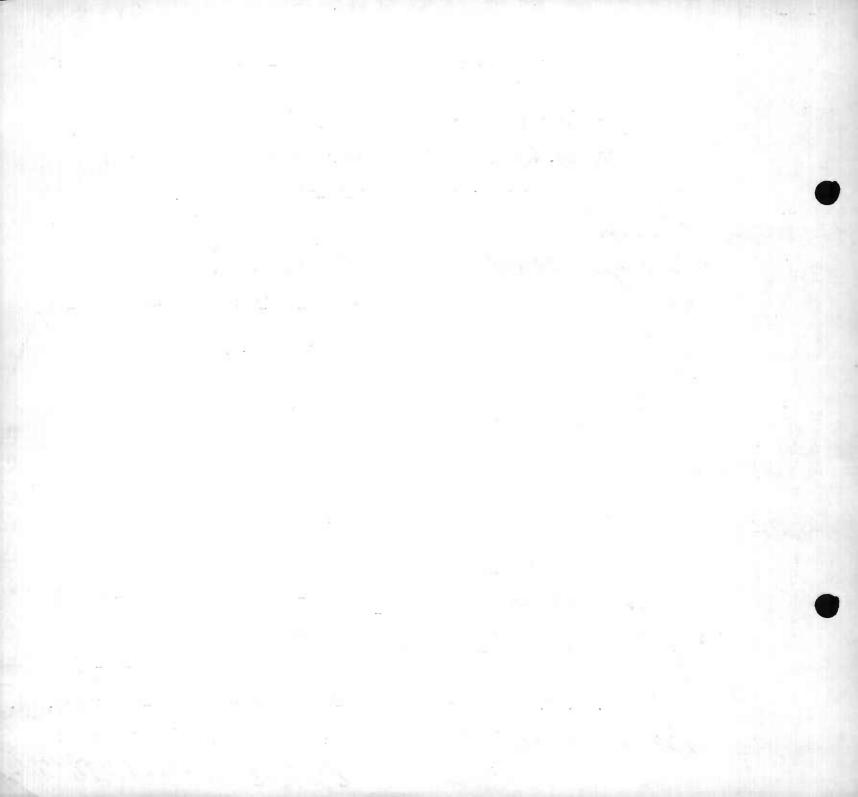
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9/20/65



	BALTIMORE CITY HEALTH DEPARTMENT CEDITIFICATE OF DEATH Registered No. 65 8872
M	.E. CASE NO.
	NAME OF DECEASEDY ype or Print) Trances Harvey 2. Date and Hour of DEATH Chr. 26 65 5 A
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before odmission B, COUNTY
	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR NSTITUTION (If outside city limits, write RURAL and give township)
)-	Century Herring Hame D. STREET ADDRESS (If rurol, give location)
5	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hi
2	WIDOWED, DIVORCED (specily) July 25, 1876 89 Months Day's Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHERS NAME
1.5 (Y.	Was Deceased Eyer in U. S. Armed Forces? es, no or unknown (11) yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
	Hilliam Harvey 1720 E. Cager S.
	18. 4 2 . I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH INTERVAL SETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO: LEADING TO DEATH (A) // C Pryraudial Introduction DUE TO: DUE
	heort failure, asthenia, etc. It means the disease, injury or complication which coused death.)
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.
,	
ATION	DISEASE OR CONDITION CAUSING IS.
FRTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AI C	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF CAUSE OF Control of the property of the pr
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
<	(APPROX.) Work At Work
	22. I certify that (I) (this hospital) attended the deceased from 251965 ta 26196 that (I) (we) last saw the deceased alive an 26196 and that In(my) (and opinion death accurred an the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw that (I) (we) last saw the deceased alive an 26196 that (I) (we) last saw that (I)
	and haur and fram the causes stated obave. (I) (We) (did) (did nor) view the body after death.
/	28A. SIGNATURE ALD. Attending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) A CONTROL OF THE PROPERTY OF THE
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
V	Burial aug 8/65 Carver mem, Tack Saurel md.
5	ALIG 27 1965 Proposition & Language 250 FUNERAL DIRECTOR ADDRESS
5	150-REV. 1/1/65





23C. NAME OF CEMETERY OF CREMATORY

248 NAME OF REGISTRAR

23D. LOCATION

24C. FUNERAL DIRECTOR

(Stote)

(City, town, or county)

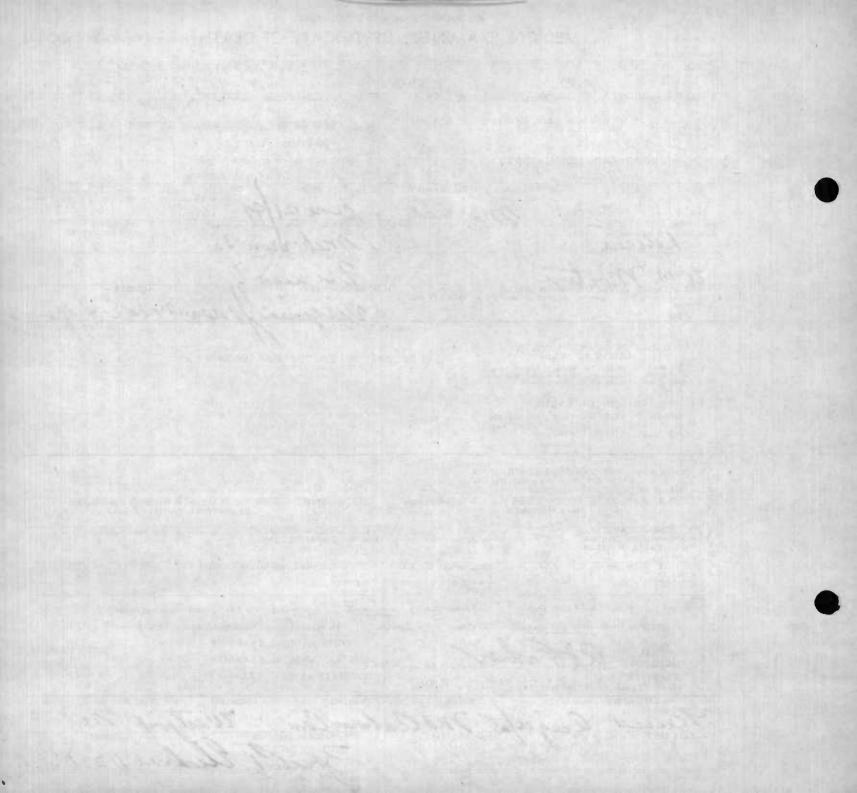
ADDRESS

23A. BURIAL CREMATION.

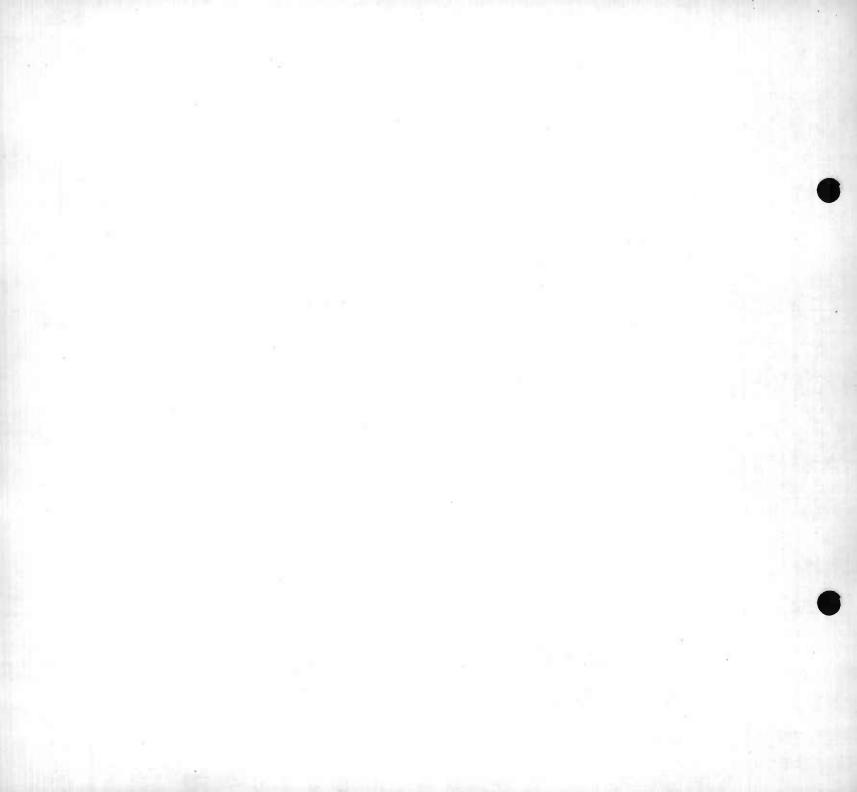
24A. DATE REC'D BY HEALTH DEPT.

REMOYAD (Specify)

VS 151-REV. 1/1/65

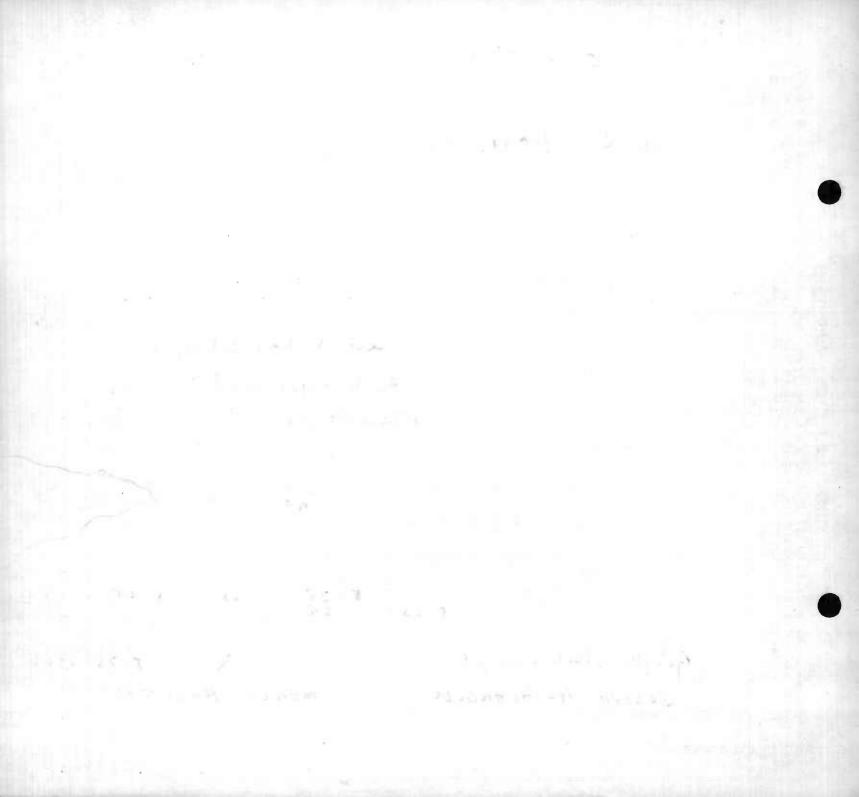


0 1	TH NO. 65 8875		Y HEALTH DEPARTMENT	Destaura I Na	65 8875
200	TH NO. OU OO (U	CERTIFICA	TE OF DEATH		
3 1.N	NAME OF DECEASED			IND HOUR OF DEATH	
1	MRS. LOU PLACE OF DEATH IN BALTIMORE, MARYLA	JISE RANDALL KEYS	ER Aug	ust-26-1965	institution: residence before odr
3.	PLACE OF DEATH IN BALTIMORE, MARTE	AND	A. STATE B. COU	INTY	institution; residence before od
	FULL NAME OF (If not in hospital or in hOSPITAL OR oddress or location)	nstitution, give street	Maryland	Baltin	nore City
-	INSTITUTION		Baltim		RURAL and give township)
5	at her residen			f rurol, give location)	2/01
	at her residen	10 6	211 Longwood	Road 2121	0
5. 5	SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months: Doys Hours
	Female White	WIDOW	May-24-1888	77	
102	A. USUAL OCCUPATION (Give kind of work 108 to during most of working life, even if retired)	R. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
aon	none	none	Baltimore,	MMrvland	U.S.
13.	FATHER'S NAME	Hone	14. MOTHER'S MAIDEN N	AME	1 0.0.
	C- 1 31 D- 1 11		177 . 1	13 0:	
15.	Samuel H. Randall Wos Deceased Ever in U. S. Armed Forces?	? 16. SOCIAL	17. INFORMANT	th Sisson	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.		(1	
	no no				211 Longwood
	18.42211	CAUSE	scup		ONSET AND DEA
	DISEASE OR CONDITION DIRECT	TLY	. Lind Has.	1- Q'1:	0 / 11111
almed	(This does not mean the made of dy	ing, e.g., DUE TO	JUNIOR Wase	war flier	on 6 years
	heart foilure, astherio, etc. It means the	disease,			
	ANTECEDENT CAUSES	(8) A	SCUP.		
			000000	in the state of th	
5	DISEASES OR CONDITIONS, if any rise to the above cause (A) sto				1000
	UNDERLYING CONDITION last.	and was 6000	MM+0 00 00 0 00 00 00 00 00 00 00 00 00 00	84 868 1 868 88 88 7 8 888 88 88 1 88 7 8 8 8 7 4 7 1 1 1	20 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
,	II .				
ATION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED	TRIBUTING TO THE			
CA	DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES. WERE	FINDINGS CONSIDERED
RTIFIC	WAS PERFOR	MED	20101311110	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CE	21 A ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?		
1 8	21 D. TIME (Month) (Dov) (Year) (I	Hour) 21E, INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
A E	OF INJURY	While At Not Wh			
	(APPROX)	Work At Work			
	22. I certify that (1) (this hospital) a	ttended the deceased fram		1959 to au	quat 26 19
	that (1) (we) last saw the deceased a	alive an august 25	19.65 and	that in (my) (owr) as	pinian death accurred an
	and haur and fram the causes stated	abave. (1) (We) (did) (didenot)	view the bady after death	•	
	23A. SIGNATURE				238. DATE SIGNED
	Moss land 9st		tending Med.	Stoff Phys.	
	23C. PHYSICIAN'S	7	23D. ADDRESS	-пуз. Ш	
	23C-PHYSICIAN'S NAME (Type)	DAV M.D	1. 6 77 1	FF ROOT	-18 mg
0.1	Mentand Eduald	VAI	/	Dala	010
24/	A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY OF C			City, town, or county)
	burial Aug-28-	-65 Druid Ridge	25C. FUNERAL DIRECTO	ikesville.	Md. 21208
25/	A. DATE REC'D BY HEALTH DEPT. 251	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	OR .	ADDRESS
n.	AUG 27 1965 (7.10)	se & E, Farber AM	Stewart & M	owen Co. 10	08-W-North-Av.
1/5	150-REV. 1/1/65	9 / 5 / 6 / 6	0 0 3 0		

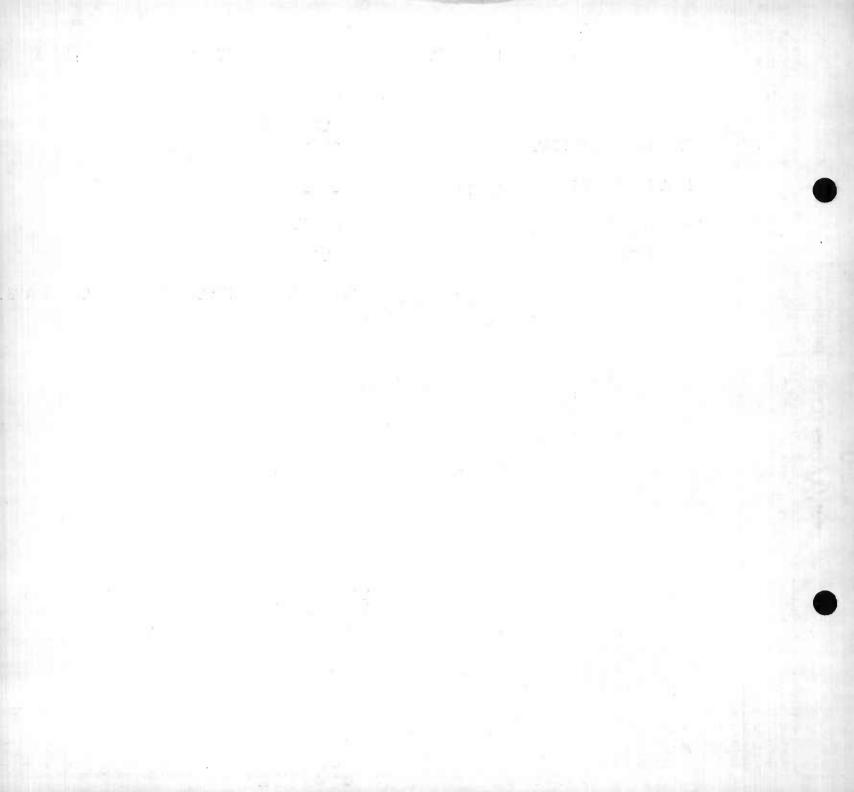


FUNERAL DIRECTOR: IMPORTANT

05	00		BALTIMORE CITY	HEALTH DEPARTMENT		C5 0000
BIRTH NO.	65 8876		CERTIFICA	TE OF DEATH	Registered No	00 8876
M.E. CASE NO. 1. NAME OF DE (Type or Print)		MRS.	Chin Le	e She) 2. DATE A	ND HOUR OF DEATH	1:15 A.
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	(BETTY L	E.E. CHLIN	ere deceased lived. If in:	stitution: residence before admission
FULL NAME HOSPITAL OF INSTITUTION	OF (If not in hospital address or location		give street	Marylan	7	URAL and give township)
7 M	ERCY F	HOSP	ITAL	D. STREET ADDRESS (IF	Charles	5
S. SEX	6. RACE		NEVER MARRIED), DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
	Chinese CUPATION (Give kind of work of working life, even if retired)	Wid	dwers	5. 22 - 82	83	12. CITIZEN OF WHAT COUNTRY?
	ONE		NONE	(0	(Ohio	WHAT COUNTRY
3. FATHER'S NA			NONE	14. MOTHER'S MAIDEN NA	ME	
	UNKNOWN			UNKNOWN		
5. Was Decease	ed Ever in U. S. Armed Ford	os?	1 6. SOCIAL	17. INFORMANT : Dau	ghter	ADDRESS
NO	vn) (II yes, give war ar date:	or service)	NONE		Lee, 1003	N. Charles St., City
18.42	0./ 1		CAUSE O	F DEATH	0	ONSET AND DEATH
DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY	(inculator	1 callaha	0
(This does	not meen the mode of	dying, e.g.,	DUE TO		4 0070	
	e, asthenio, etc. It means implication which caused		A	to	1.0.0	T.
	ANTECEDENT CAUSES		(8) 77 C	my rogo ca	and my	nghon
	OR CONDITIONS, if		atta	and Time	15	7. 6.
	he above cause (A) NG CONDITION lost.	stating the	(C) 77 WW	rasicularity C	craws w	as ouslast
	11					
E TO THE	NIFICANT CONDITIONS CODEATH BUT NOT RELA R CONDITION CAUSING IT	TED TO TH	G E			
		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes of N	a) 208, IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
_ OR CONTRI	ENT WAS UNDERLYING DEPOSITION BUTTING CAUSE OF fy medical examiner	21 B. ham etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, a	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Baltimare	City, give exact lacotion)
□ 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whi	le At Not While	e		
22. 1 certif	y that (1) (this hospital			8 - 25	19 65 to	8-25 - 1065
) last saw the decease		8-25-	(5		nian death accurred on the dat
				lew the bady after death.		nan deem accorred on the da
23A. SIGNAT		ed 0004e: (1	/ ("e/ (did/ (did fibi) (new the body offer death.		23B. DATE SIGNED
anse	sh Mola	ma	elo M.D. Att	ending Med. S. Director	Staff 2	8-25-1965
23C. PHYSICI	ANS			23D. ADDRESS	Phy s.	8 - 2
NAME		TARAN	IGELD M.D.	MERC	Y HOSP	ITAL
24A. BURIAL CE		24C N 4	ME of CEMETERY OF CR			y, town, or county) (State)
REMOVAL	(Specily)	240.147				
BURIA		1965	Lorraine Pa		Woodlawn, M	
DATE REC	UG 27 1965 A	25B. NAME C	Fallen MA	2SC. FUNERAL DIRECTO		ADDRESS
(a 100 Cart 2 Car	(C) D (1000 U	OCIELY !	7, 5, 7, 1)	O Stewart & Mo	wen Co. 108	W.North Av., Cit
/S 150-REV. 1/1	/03					



3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF Oddress or located) FULL NAME OF ODDRESS OF Institution, give sheet oddress or located) FOR INSTITUTION ST AGNES HOSPITAL 5. SEX FEMALE FEMALE FEMALE FEMALE FOR AGREED FO		DROZD	OWSKI HELI	EN	2. DATE AND AUGL	IST 26	1965	8:46	A
5. SEX FEMALE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 6-23-01 [ost birthdoy) MARRIED (specify) 6-23-01 [ost birthdoy) Months: Doys Hours Min. Hours Min. Doys Hours Min. D	FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or localia	or institution, give street n)	A. STATE MD	B. COUNTY OWN (If outside	e city limits, write		-0-	mission)
DISEASE OR CONDITION DEATH (This does not meen the mode of dying, e.g., heart foliure, osthenio, etc. It means the disease, injury or complication which caused death) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving isse to the obove cause (A) sholing the UNDERLYING CONDITION SCONTIBUTING TO THE BIGINIFICATI CONDITION SCONTIBUTING TO THE DEATH but NOT RELATED TO THE BUT NOT RELATED. THE BUT NOT RELATED TO THE BUT NOT RELATED TO THE BUT NOT RELATED TO THE BUT NOT RELATED. THE BUT NOT RELATED TO THE BUT NOT RELATED TO T					GUUGE				04.11
done during most of working life, even if relired) ### COUNTRY? ### COUNTRY ### COUNTRY ### COUNTRY ### COUNTRY ### COUNTRY ### COUNTRY ### COUNTRY ##	FEMALE	WHITE	MARRIED	(specify) 6-23	-01	64			Min.
GREGORY 15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no of unknown) (Iff yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 314-31-003 ST AGNES HOSPITAL CATON & WILKENS AVE 18. / 93. 9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, osthenio, etc. It means the disease, injury of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving itse to the above couse (A) stating the UNDERLYING CONDITION lost. 10. OTHER SIGNIFICANT CONDITION S. 11. OTHER SIGNIFICANT CONDITION S. 12. ACCIDENT WAS UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT.) 12. ACCIDENT WAS UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT.) 12. ACCIDENT WAS UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT.) 12. ACCIDENT WAS UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 12. ACCIDENT WAS UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED T	HOUSE	working life, even if retired) WIFE	108, KIND OF BUSINESS OF	MAR	YLAND	country)	12. CITIZEN CONHAT CO	DUNTRY?	
SECURITY NO. 214-31-663 ST AGNES HOSPITAL CATON & WILKENS AVE SECURITY NO. 214-31-663 ST AGNES HOSPITAL CATON & WILKENS AVE CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follure, osthenio, etc. It means the disease, injury of complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION ACUSING IT. OTHER SIGNIFICANT CONDITION TO RELATED TO THE RELATED TO THE DISEASE OR CONDITION COLURNING IT. OTHER SIGNIFICANT CONDITION TO RELATED TO THE RELATED TO THE RELATED TO THE DISEASE OR CONDITION COLURNING IT. OTHER SIGNIFICANT CONDITION TO RELATED TO THE RELATED TO THE RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION TO RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION TO RELATED TO THE RELATED									
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Q 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locohon)	DISEASES uise to the UNDERLYIN OTHER SIGN TO THE COUNTY USEASE OR	osthenio, etc. It meons mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION lost. III	ony, giving stoting the CONTRIBUTING ATED TO THE REAL	iculum Cell	Sarcow	NZ.			
		WAS PER	FORMED	1/	. 1	N CERTIFYING CA	USES OF DEATH	1?	
	OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer) (Month) (Doy) (Year)	(Hoor) 21 E INJURY OCC	ry, street, office bldg., INJU CURRED 21F. Not White	HOW DID INJUR		e City, give exo	ct locotion)	
22. I certify that (I) (this hospital) attended the deceased from JULY 7 1965 to AUG 26 19 65, that (I) (we) lost sow the deceased alive an AUG 26 19 65 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Stoff Phys. B 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NAME (Type) 24D. LOCATION (City, town, or county) (State)	21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we and hour or 23A. SIGNAT	y medical examines (Month) (Doy) (Year) y that (I) (this hospital) lost sow the decease of from the couses stated from the couses state	(Hour) 21 E. INJURY OCC White At Work 1) ottended the deceased ed olive an AU ted obove. (I) (We) (did)	ry, street, office bldg., INJU CURRED Not White At Work I from JULY 7 G 26 19 6 (did not) view the body M.D. Attending Phys. 23 D. ADDRESS M.D. S.A.	HOW DID INJUR. 196 5 ond that ofter death. Med. Sto Phy Agnes	Hospita	AUG 26 Inian death oc 238. DATE SIG	519 coursed on the NED 6/65	he dote

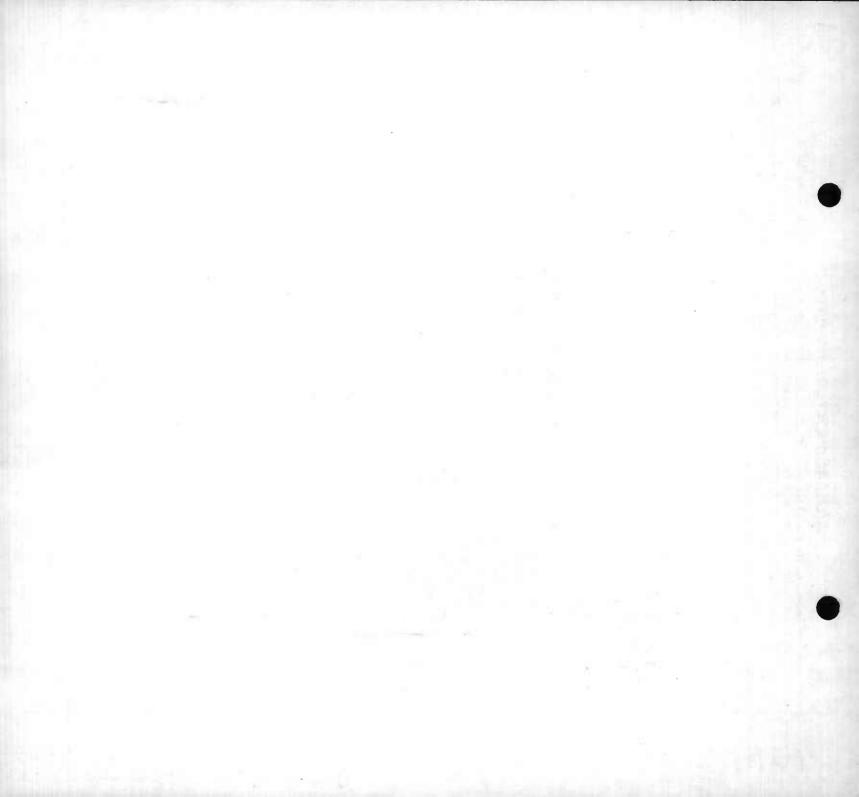


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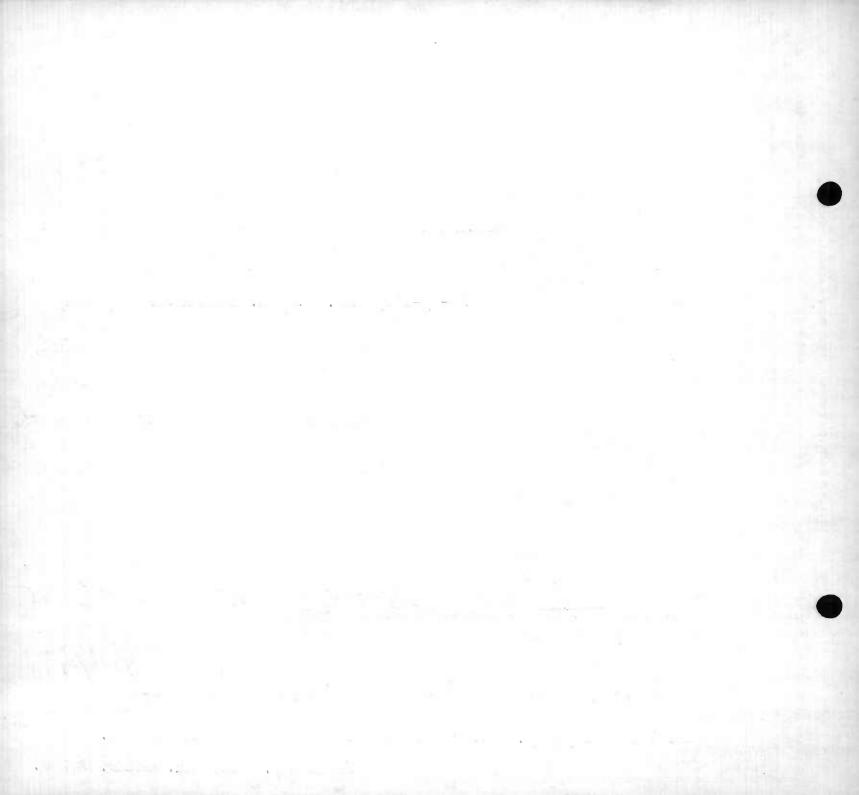
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OUT		65 8000 BALTIMORE CITY	HEALTH DEPARTMENT	
R-42-05	BIR	TH NO. CERTIFICA	TE OF DEATH Registered No.	
and ase the	M.I	AME OF DECEASED	2, DATE AND HOUR OF DEATH	
f deat f deat on th	(Ту	go on Print)	C/1/2/11-112'	5
f d	3.	PLACE OF PEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence be	ore odmission)
hospita use of (5) Dec ance o			A. STATE B. COUNTY T	10
T = 0		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	3818 Forreslevave.	/
use; tend		NSTITUTION	C. CITY OR TOWN. Ilf outside city limits, write RURAL and give town	ship)
in a ng cau cause; artend ior to			D. STREET ADDRESS (If rurol, give location)	
T	1/		21-	1
FS60 D	5. 5	SEX 6. RACE / 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If	Under 24 Hrs.
occur ontrib regula		WIDOWED, DIVORCED (specify)	10/2 /C/ lost birthdoy) Month's Doy's Hou	Min.
o o o o o o o o o o o o o o o o o o o	103	USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	
上の本一の日		a dusing most of working life over if estimal)	WHAT COUNT	RY? C./
Par Spirit		utino Insurance	11few york. United	Joac.
if d was was spos	13.	FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
	-	Deory, T. Blanchard	Laure Stable	
Z mp pt 50	15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
IMPORTAN or his assistant Also, if the di s of any kind; ounced death ounced death	(16	s,no er,unknown) (If yes, give wor or dotes of service) SECURITY NO. 212-07-6267	Mrs. Mary L. Blanchard (Sam	0)
4 + + B = + + + + + + + + + + + + + + + +	-	18. / 7 7 Y I CAUSE OF		
his a fan fan ncec		DISEASE OF CONDITION DIRECTLY	ONSET AN	
4 co o to b		LEADING TO DEATH	Clems 3 mg	mel
R: IN ner or l er. Als cture o pronou		(This does not mean the made all dying, e.g., DUE TO		
R: L		heart failure, asthenia, etc. It means the disease, injury as camplication which caused death.)	About a tit	-1-
O Francis		ANTECEDENT CAUSES (B)	Meuren uss mor	my
0 0 1 4 4 0 0		DISEASES OR CONDITIONS, if any, giving	1 - 1 - 0-H D - AL 11	. 11
DIREC ical exc al exa is; (3) A cian w as in r		nise to the above cause (A) stoting the (C)	arcusma of w prospers	month
ical ical is; () ician ician as i		UNDERLYING CONDITION lost.		200
AL D medice edical burns; hysicic n was	Z	11		
A ped P	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	VANCOS MELL MONES	MAD
FUNER of chief i by a m 2) Body e the p physicial	CA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOP 7? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDER	ED
chief chief Body the ysicie	ERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	7
E Sph	l e	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or about 21C. WHERE DID (If in Baltimore City, give exact loca	tion)
_ == 0 = 0 = 0	₩ ¥	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi DEATH (notify medical examiner) etc.)	ce bldg., INJURY OCCUR?	
why why	II O	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
_ 5 7 6 6	MEDI	OF INJURY		
		(APPROX.)	at a land tal	15
		22. I certify that (1) (this hospital) attended the deceased from	9 196 10 Clups 26	19 05
of of all (all (be be		that (1) (we) last sow the deceased alive on lingly	19.00 ond that in (my) our of flon death occurre	d on the dote
0700+-		ond hour and from the couses stated above. (1) (We) (did) (did not) vi	ew the body ofter death.	
ust be eased dent lospit deat must		23A. SIGNATURE	23 B. DATT SIGNED	11-
20.22		/// SMUVU M.D. Atter	Iding Med. Stoff Phys. D	of
			3D. ADDRESS	-
rificate my was related. 1) An accidented at a by differented approval		MARTINDE LECONT C. SINN M.D.	MARON LONG DITAL	
# 3 A 4 d	24/	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREM	MATORY 24D. LOCATION (City, town, or county)	(Stote)
E - 000 -		REMOVAL (Specify)	Raltimore Md	,510167
Ws Ws	25.4	Burial 8/30/65. Parkwood (eme	Data Marie Marie	
This certif the body shows: (1) was D.O.A deceased written ap	1234	AUG 30 1965 Robert E. Farkey	etery Baltimore Md. 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. 1	il Md.
F + 0 > 0 >		46000	Leoning. Nack site. Dance.	7 7.10.
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

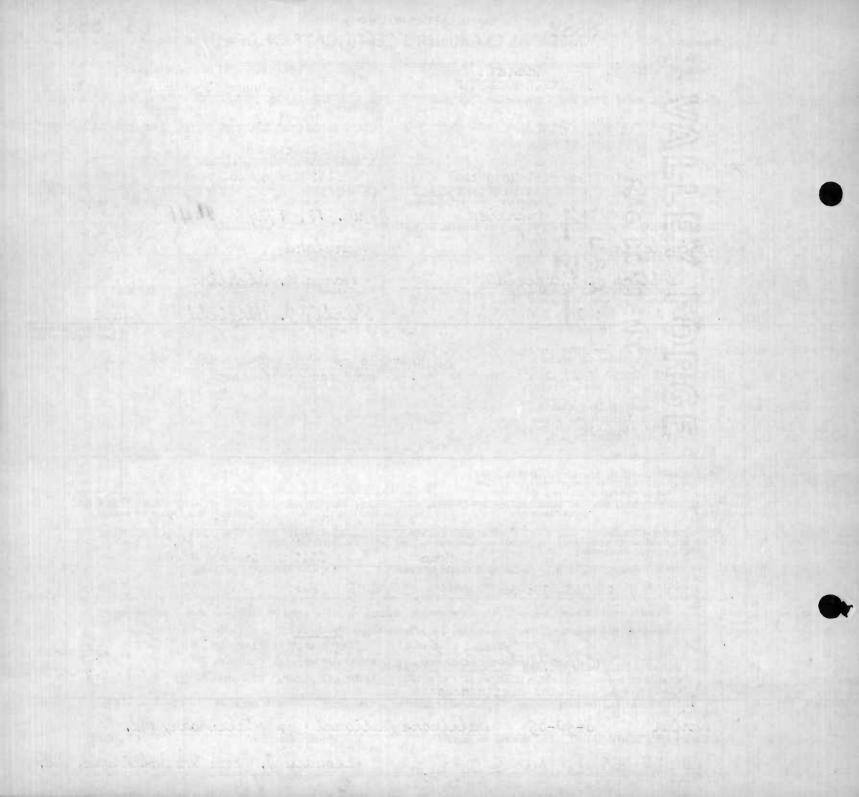
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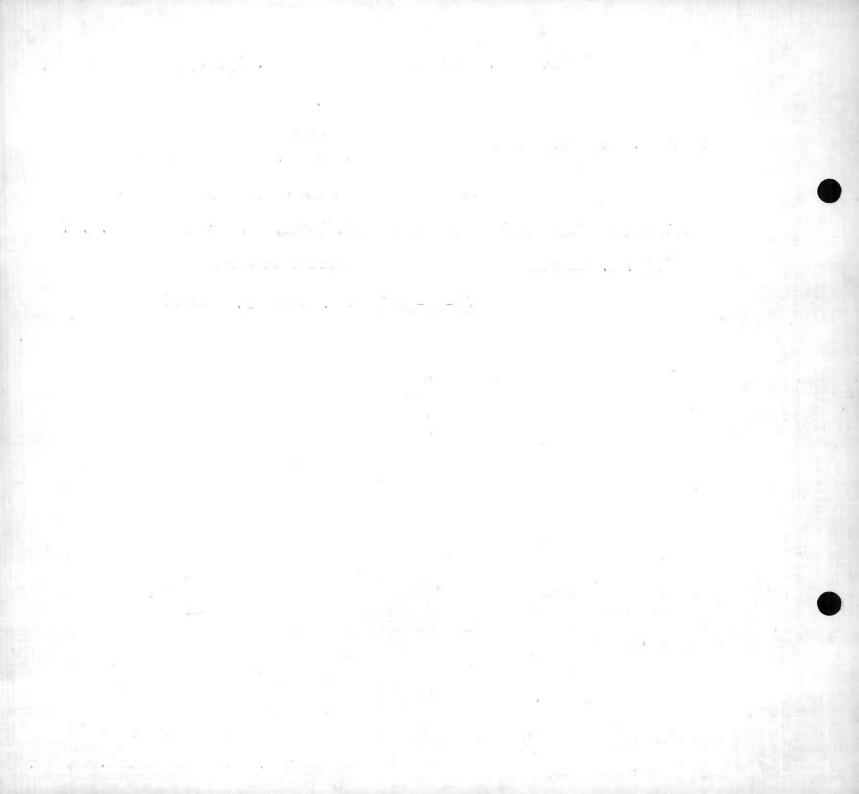
eonard J. Ruck In Baltimore, Md.

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

248 NAME OF REGISTRAR





	E CASE NO.	EASED		- OIKI	IFICATE	2. DATE	AND HOUR OF DEAT	•- <u>65 8884</u>
(Tv	ne or Print)		TT MLA-6.	/44// MATUSZA	AK			
3.	PLACE OF DE	Anthon	ORE MARYL	AND	14. 1	JSUAL RESIDENCE (W	here deceased lived. If	965 2:00 institution: residence before odm
	FRTI	FICA	TEA	MENDE street o	U,	STATE 8, CO	TINIT	13
_	HOSPITAL OR	oddross	or to cotion)	nstitution, give street 9/		Maryland	outside city limits, writ	te RURAL and give township)
	NOITUTITE	Balt	imore	City Hospit	-			
21	/			rn Avenue	D.	Baltimore street ADDRESS	(If rural, give location)	
- 1				Maryland 2	21224	1723 E. Ba	ltimore S	treet 21231
5.	SEX	6. RACE	17.	MARRIED, NEVER MARRI WIDOWED, DIVORCED (S	ED 8. D	ATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 2 Months Doys Hours A
	Male	Whit.				5-21-1893		10000
102	USUAL OCC	UPATION (Give k	kind of work 10 E	Divorced L KIND OF BUSINESS OR	INDUSTRY 11.	BIRTHPLACE (State at fo	roign cauntry)	12. CITIZEN OF WHAT COUNTRY?
dor	26	working lile, even	(tigretifed)		P	oland		
13.	FATHER'S NA					MOTHER'S MAIDEN N	AME	USA
			Joseph A	/4/194k/ MATUS!	7 A 1/2		Karen	?
15	Was Deceased	Ever in U. S. /				NFORMANT		ADDRESS
(Ye	s, no or unknown	(If yes, give w	vor or dotes of	service) SECURITY	NO.			
	No		Laple 3	, 213-07-			H 4940 Eas	stern Avenue 2
/	18. 33	1X AT	002		CAUSE OF DE	ATH		INTERVAL BETWEE
1	DISEA	SE OR CONDI		TLY				
	(This does	nat mean the		ing, e.g., (A	Cerebi	al Vascul	ar Accider	nt 15 Hours
	hearl failure,	asthenia, etc.	It means the	disease,				
		nplication whic		(R)	Genera	alized Art	eriosclero	osis 10 Years
					UE TO			
		OR CONDITIO)			
-	UNDERLYIN	0 00110111011						
7		H.	7					
HON		II.	DITIONS CON	TRIBUTING TO THE m. 1		Ammontos	Dan 1), E V
CATION	OTHER SIGN TO THE D DISEASE OR	FICANT COND BEATH BUT N CONDITION C	NOT RELATED	Tuberc Tuberc	ulosis	Arrested	Emphysema	4-5 Years
TIFICATION	OTHER SIGN TO THE D DISEASE OR	HEICANT COND DEATH BUT N CONDITION C	NOT RELATED	O THE Tuberc	ulosis	OA, AUTOPSY? (Yes ar	No) 208. IF YES, WER	2 4-5 Years RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFICATION	OTHER SIGN TO THE D DISEASE OR	HECANT COND DEATH BUT N CONDITION C	NOT RELATED AUSING IT. 19B. CONDITI WAS PERFOR	ON FOR WHICH OPERAT	TION SURY (e.g., in or	NO	No) 208. IF YES, WER	RE FINDINGS CONSIDERED
CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE	IFICANT CONDITION CONDITION CONDITION CONDITION COPERATION	NOT RELATED AUSING IT. 19B. CONDITI WAS PERFOR ERLYING SE OF	ON FOR WHICH OPERAT	TION SURY (e.g., in or	NO NO	No) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify	HEICANT CONDITION CONDITION CONDITION CONDITION COPERATION	NOT RELATED AUSING IT. 19B. CONDITI WAS PERFOR ERLYING DE OF	ON FOR WHICH OPERAT MED 21B. PLACE OF INJ home, form, foctory etc.)	FION URY (e.g., in or or of the office)	NO Shout 21 C, WHERE DID INJURY OCCUR?	No. 208. IF YES, WEF IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF OR CONTRIBUTE DEATH (notify) 21 D. TIME OF INJURY	IFICANT CONDITION CONDITION CONDITION CONDITION COPERATION	NOT RELATED AUSING IT. 19B. CONDITI WAS PERFOR ERLYING DE OF	218 PLACE OF INJ	JURY (e.g., in or of, street, office	NO	No. 208. IF YES, WEF IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
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CAL CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify	HECANT CONDITION CONDITION CONDITION CONDITION COPERATION NT WAS UNDER UTING CAUS (Month) (Dog	NOT RELATED AUSING IT. 198. CONDITI WAS PERFOR ERLYING ERLYING (Yeor) (Heart) hospitol) a	ON FOR WHICH OPERAT AND THE Tuberc ON FOR WHICH OPERAT ON THE Tuberc ON FOR WHICH OPERAT ON THE Tuberc ON THE	JURY (e.g., in or or or of the control of the contr	No shout 21C, where DID oldg., INJURY OCCUR?	No. 208. IF YES WEI IN CERTIFYING ((II in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locofion)
CAL CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify	HECANT CONDITION CONDITION CONDITION CONDITION COPERATION NT WAS UNDER UTING CAUS (Month) (Dog	NOT RELATED AUSING IT. 198. CONDITI WAS PERFOR ERLYING ERLYING (Yeor) (Heart) hospitol) a	ON FOR WHICH OPERAT AND THE Tuberc ON FOR WHICH OPERAT ON THE Tuberc ON FOR WHICH OPERAT ON THE Tuberc ON THE	JURY (e.g., in or or or of the control of the contr	No shout 21C, where DID oldg., INJURY OCCUR?	No. 208. IF YES WEI IN CERTIFYING ((II in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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CAL CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBUTED TO THE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour on 23A. SIGNATURE	THE CANT CONDITION CONDITI	NOT RELATED AUSING IT. 198. CONDITI WAS PERFOR ERLYING ERLYING ERLYING SE OF net) hospitol) a deceosed a	21B. PLACE OF INJ home, form, foctory etc.) 21E. INJURY OCCU While A1 Work ttended the deceased to live on August obove. (I) (We) (did) (did)	JURY (e.g., in or or, street, office) JURRED . Not White	No shout 21C, WHERE DID lidg., INJURY OCCUR? 21F. HOW DID I Doer 21 19 65 ond the body ofter deat	No) 208. IF YES, WEI IN CERTIFYING ((II in Boltin NJURY OCCUR? 19 64 to Al that In(my) (our) o	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locohon) Lgust 24, 19 ppinion death occurred on the
CAL CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19A. ACCIDE OR CONTRIBUTED FATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour on 23A. SIGNATURE (1) (we) 23C. PHYSICIA NAME (1)	HEICANT CONDITION CONDITION CONDITION CONDITION COMPANDED CAUSE MEDICAL CONDITION (Month) (Doy of the Condition of the Condit	NOT RELATED AUSING IT. 198. CONDITI WAS PERFOR ERLYING ERLYING SE OF ner) (Yeor) (Heart was stoted)	21B. PLACE OF INJ home, form, foctory etc.) 21E. INJURY OCCU While At Work ttended the deceased of the decea	JURY (e.g., in or or, street, office of the street) JURY (e.g., in or or or, street, office of the street) Not White At Work At Work from Octo 214 did not) view M.D. Attending Phys. 23D.	No shout 21C, WHERE DID oldg., INJURY OCCUR? 21F. HOW DID I 19 65 ond the body ofter deat Med. Director	No) 208. IF YES, WEI IN CERTIFYING ((II in Boltin NJURY OCCUR? 19 64 to Al that In (my) (our) of the county o	nore City, give exoct locotion) agust 24, 19 applinion deoth occurred on the August 24,
MEDICAL CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we) and hour on 23A. SIGNATURE OF INJURY (APPROX.)	HECANT CONDITION CONDITION CONDITION CONDITION COMPAND TO CAUS TO THOSE (I) (this condition the con	NOT RELATE. AUSING IT. 198. CONDITI WAS PERFOR ERLYING ERLYING (Yeor) (Heart) hospitol) a deceosed a uses stoted 1 Gregs	21B. PLACE OF INJ home, form, foctory etc.) 21E. INJURY OCCU While A1 Work ttended the deceased of live on August obove. (I) (We) (did) (and	JURY (e.g., in or or, street, office of the control	No Shout 21C, WHERE DID Shout 21F. How DID I 21F. How DID I 21F. How DID I 21F. How DID I ADDRESS 040 Easter	No) 208. IF YES, WEI IN CERTIFYING ((II in Boltin NJURY OCCUR? 19 64 to Al that In(my) (our) of the state of the stat	nore City, give exoct locohon) agust 24, 19 optinion deoth occurred on the 238. DATE SIGNED August 24, Balto,, Md, 21
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MEDICAL CERTIFIC	OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTED FATH (notify 19 CAPPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour on 23A. SIGNATURE (II) (WE) and hour on 23A. SIGNATURE (II) (WE) and hour on 23A. SIGNATURE (III) (WE) (WE) (WE) (WE) (WE) (WE) (WE) (WE	II IFICANT CONDITION C FOREATION INT WAS UNDER UTING CAUS (Month) (Do) Thot (I) (this) last sow the d from the con URE WAS STEPHEN MATION, 248. 1 1 1 1 1 1 1 1 1 1 1 1 1	hospitol) a deceosed a uses stoted Gregge DATE 8/28/65	218 PLACE OF INJ home, form, foctory etc.) 218 PLACE OF INJ home, form, foctory etc.) 211 INJURY OCCU While At Work ttended the deceased to live on August obove. (I) (We) (did) (august) 240 NAME of CEMET 5 St. Stanisl	JURY (e.g., in or or, street, office of the	No Shout 21C, WHERE DID Shout 21C, WHERE DID Shout 21F. How DID I 21F. How DID I Der 21 19 65 and The body ofter deot ADDRESS OHO Easter ORY 25C. FUNERAL DIRECT	No) 208. IF YES, WEF IN CERTIFYING (II in Boltin NJURY OCCUR? 19 64 to Al that In(my) (our) of the Avenue I Location Baltimoor	re findings considered causes of death? nore City, give exect locofion) ugust 24, 19 ppinion deoth occurred on the 23B. DATE SIGNED August 24, 19 (City, town, or county) (Some Md. 21) ore Md.

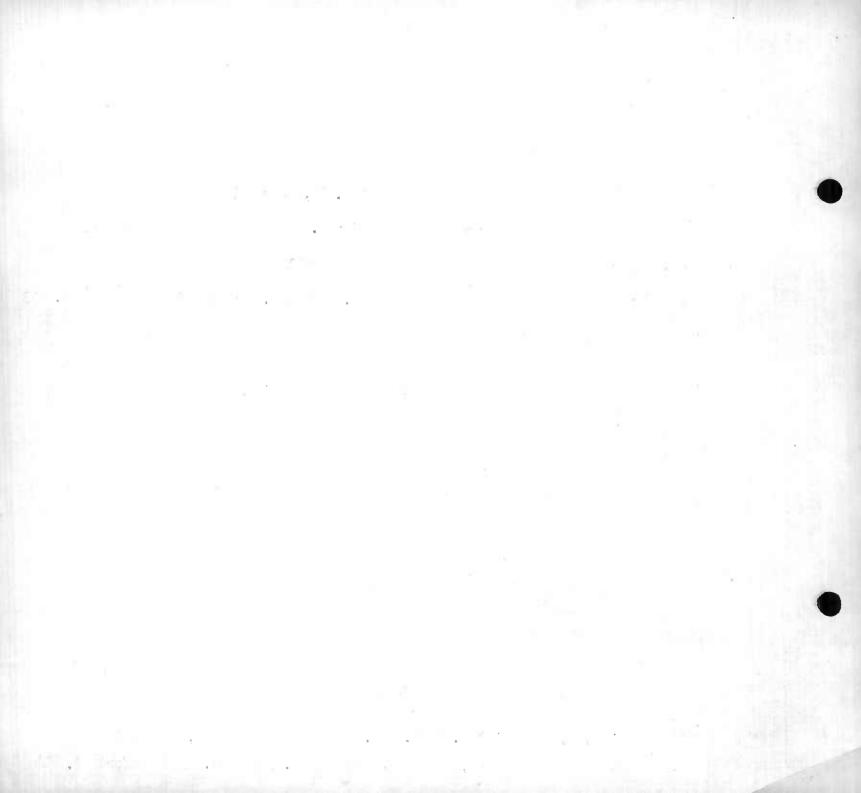
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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

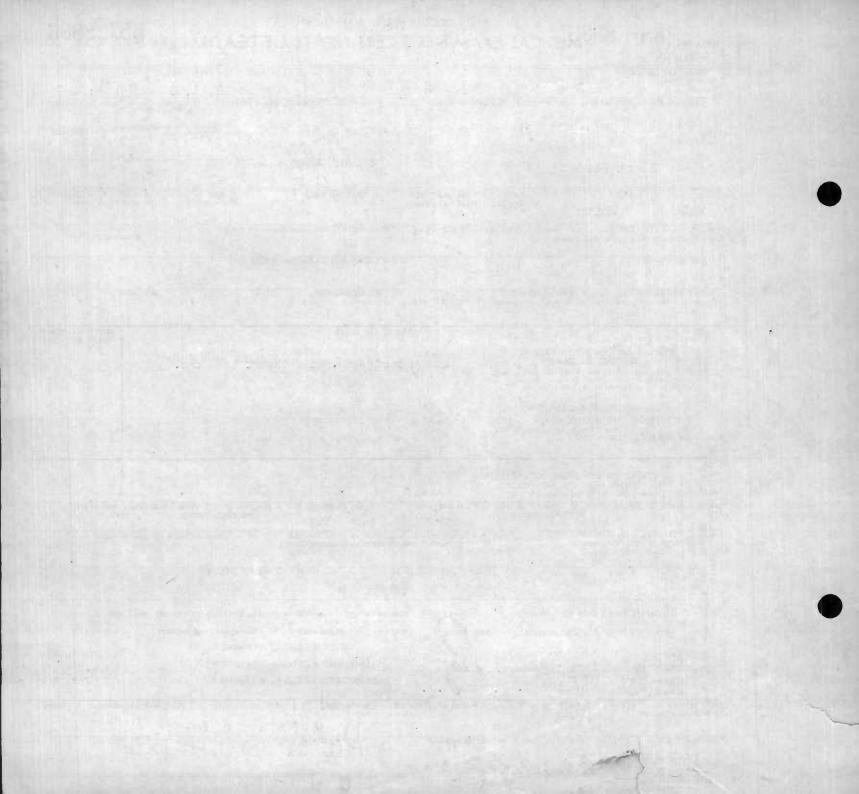
BALTIMORE CITY HEALTH DEPARTMENT



65 888 EDICAL EVA MINIED'S CEDTIFICATE OF DEATH Pasients

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M.E. CASE NO.	MEDI	CALEX	AMIIYER 3 CI	KIIFICAT	E OF DEATH Regis	rered ind.
1. NAME OF DEC					2. DATE AND HOUR PRONOUN	
	RALPH		HANCOCK	Ta Hellal Beets	August 11, 196	1010
3. PLACE IN BALII	MORE MARYLAND, W	HERE PRONOU	INCED DEAD	A. STATE	B. C	nstitution: residence before admission OUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	c. CITY OR TOW	N (II outside corporote limits, w	Ne RURAL and give township)
700 F1	eet Street			D. STREET ADDR	(If rurol, give locotion)	5 7
s. sex Male	White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE/(In year lost birmdoy) 58	Months, Doys Hours Min.
	PATION (Give kind of work lorking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	E			14. MOTHER'S MA	IDEN NAME	
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
(This does n heart foilure, injury or con A DISEASES (RISE TO THE UN DERLYIN) OTHER SIGN TO THE	E OR CONDITION DIL LEADING TO DEATH of meon the mode of osthenio, etc. If meons application which coused of NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT REL E CONDITION CAUSING	dying e.g., the discose, deoth.) S NY, GIVING ATING THE CONTRIBUTIN	(B)	ioscleroti	c Hear t Disease.	ONSET AND DEATH
19A. DATE OF	OPERATION 198, CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? Yes	(Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	
21 A. EXTERNAL UNDERLYING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. W	HERE DID (If in Boltimore City, OCCUR?	give exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	v	VHILE AT NOT WORK	WHILE	W DID INJURY OCCUR?	
	ify that I held an li	nquiry \(\begin{align*} \text{3.565} \\ \t	Inspection Aut	Homleid	that on this basis, death in Undetermined man	
ACTUAL SIGNATI EXAMIN	JRE	ale S		ASSISTANT ME	DICAL EXAMINER A	8/12/65
NAME (1	(ype) Charles	S. Pet	ty, M.D.	N DOLL	A AP AR LOWE	A'A
23A, BURIAL CREAREMOVAL (Specify	406 2	4 100	C. NAME AL CEMETERO	SITY MI	DICAL SCHOO	ty, fown, or county) (Stote)
AUG 30	1965 1.0	2 F	a Charles	MURTUA	RY SERVICE -	RCHP
VS 151-REV. 1/1/6	The second secon		·	000		



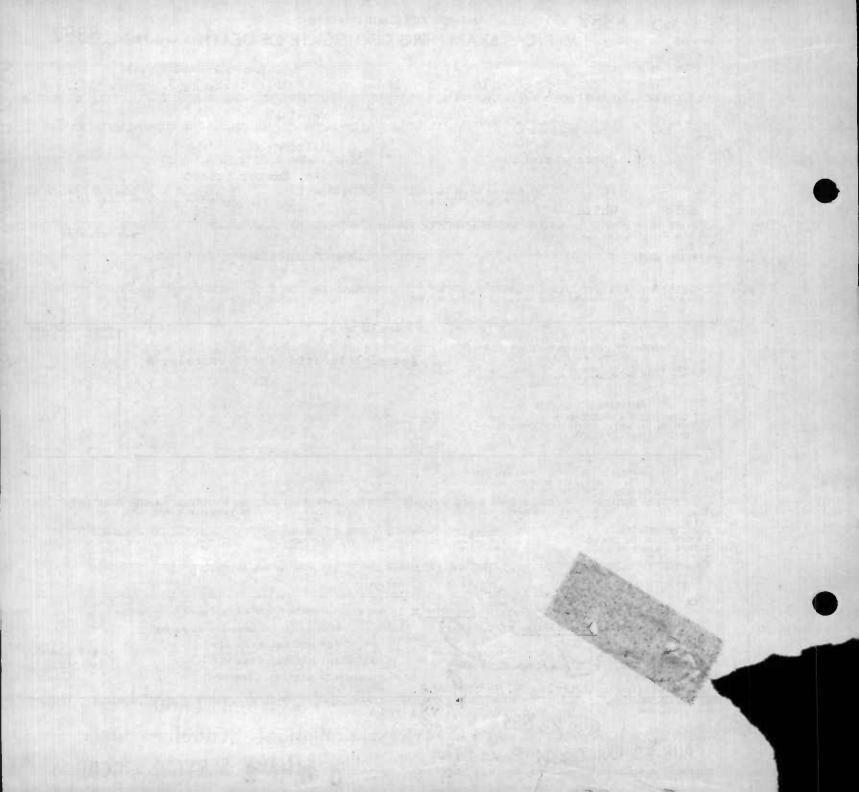
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VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

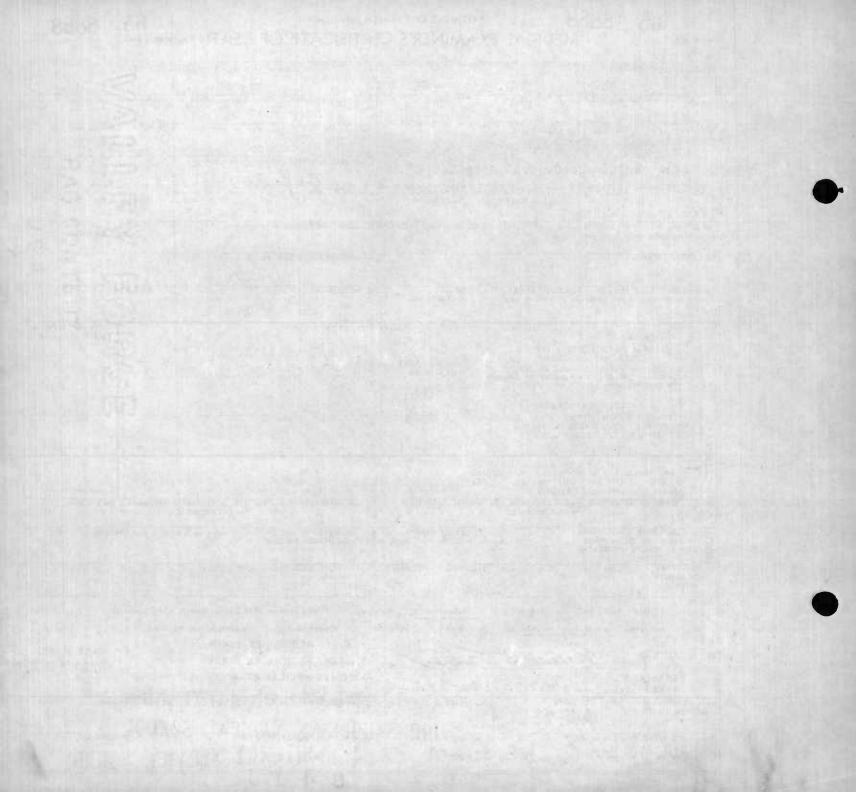
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	45					
M.E. CASE NO.						
1. NAME OF D (Type or Print)	SAMUEL	LOUIS	REIMER		t 12, 1965	11:50 A
		HERE PRONOUNCED DEAD	1	ESIDENCE (Where	deceased lived. If ins B. CO	titution: residence belore odmissio UNTY
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE ST (TION)		TOWN (If outsid	e corporate limits, writ	RURAL ond give township)
8	S. Exeter Str	reet	D. STREET	S. Exete		
s. sex Male	6. RACE White	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED(spec		BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months, Doys, Hours, Min.
	CUPATION (Give kind of world f working life, even if retired)	108. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPL	CE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME		14. MOTHER	S MAIDEN NAM		DETAILS THE
	ED EVER IN U.S. ARMED		17. INFORMA	NT		ADDRESS
(This does heart failurinjury or co	ASE OR CONDITION DI LEADING TO DEATH not meen the mode of e, ostherio, etc. If meens omplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST	dying, e.g., the disease, deoth.) S (A) DUE (B) NY, GIVING DUE		otic Car	diovascular	ONSET AND DEATH
DISEASE TO THE	SNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE				
0	OR CONDITION CAUSING F OPERATION 19B, CON WAS PER	DITION FOR WHICH OPERAT		No	IN CERTIFYING CAU	
21A, EXTERN UNDERLYING UTING CA	OR CONDITION CAUSING	DITION FOR WHICH OPERAT	JRY (e.g., in or about 2) street, office bldg., IN	NO C. WHERE DID	IN CERTIFYING CAU	ISES OF DEATH?
21 A. EXTERN UNDERLYING	OR CONDITION CAUSING OF OPERATION 19B, CON WAS PER AL CAUSE WAS OR CONTRIB-	DITION FOR WHICH OPERAT FORMED 218, PLACE OF INJI home, form, (actory, etc.)	JRY (e.g., in or obout 2) street, office bldg., IN	NO C. WHERE DID	IN CERTIFYING CAU	ISES OF DEATH?
21A, EXTERN UNDERLYING UTING CA	OR CONDITION CAUSING OF OPERATION 198, CON WAS PER AL CAUSE WAS OF CONTRIB- USE OF DEATH. (Month) (Doy), (Year of the contributed from 1 ulted from 1	218, PLACE OF INJUNE OF COLORS OF THE COLORS	JRY (e.g., in or obout 21 street, office bldg., IN CURRED 21 NOT WHILE AT WORK Autapsy Hamiltonian	NO C. WHERE DID JURY OCCUR? F. HOW DID INJU and that an th	IN CERTIFYING CAU Off in Boltimore City, g URY OCCUR? is basis, death In Undetermined mann	DSES OF DEATH?
21A, EXTERN UNDERLYING UNDERLYING OF INJURY (APPROX.) 22. Control SIGNA EXAM	OR CONDITION CAUSING OF OPERATION 198. CON WAS PER AL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Doy), (Yeol rtify that I held an I ulted fram: Natural ca	218, PLACE OF INJURY OC WHILE AT WORK Inspection Accident	JRY (e.g., in or obout 2) sheet, office bidg., IN CURRED NOT WHILE AT WORK Autopsy Sulcide Ha CHIE M.D. ASSISTAN ASSOCIAT	NO C. WHERE DID JURY OCCUR? F. HOW DID INJU and that an the	IN CERTIFYING CAU Off in Boltimore City, g JRY OCCUR? Is basis, death in Judetermined mann (AMINER (AMINER)	DSES OF DEATH?
21A, EXTERN UNDERLYING UNDERLYING OF INJURY (APPROX.) 22. Control SIGNA EXAM	OR CONDITION CAUSING OF OPERATION 19B. CON WAS PER AL CAUSE WAS OF OPERATION (Year (Month) (Doy), (Year (Mon	218, PLACE OF INJURY OF MALE AT STATE OF STATE O	JRY (e.g., in or obout 2) sheet, office bidg., IN CURRED NOT WHILE AT WORK Autopsy Sulcide Ha CHIE M.D. ASSISTAN ASSOCIAT	NO C. WHERE DID JURY OCCUR? F. HOW DID INJU and that an th micide F MEDICAL EX T MEDICAL EX E MEDICAL EX	IN CERTIFYING CAU (If in Boltimore City, g JRY OCCUR? Is basis, death In JINGSTEMMENT (AMINER (AMINER (AMINER (MINER	my opinian DATE SIGNED



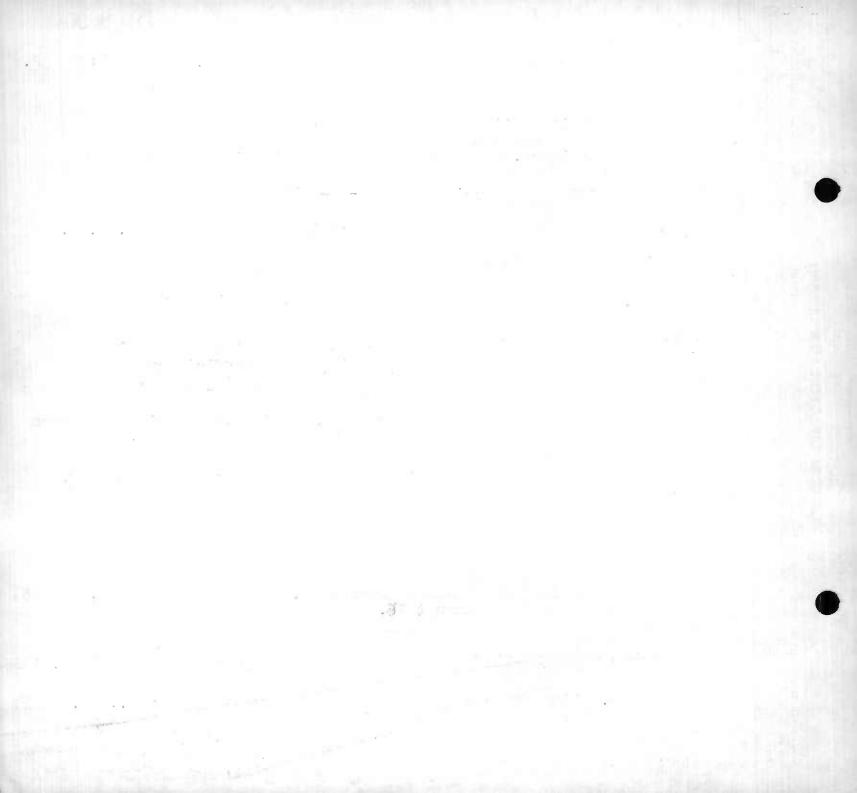
65 8888 BALTIMORE CITY HEALTH DEPARTMENT 65 NEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No...

1	65 8888 BALTIMORE CITY HEALTH D	DEPARTMENT 65 8888
	BIRTH NO. MEDICAL EXAMINER'S CERT	TIFICATE OF DEATH Registered No.
4-329	M.E. CASE NO.	
17-3	1. NAME OF DECEASED (Type or Print) MADVENIE	2. DATE AND HOUR PRONOUNCED DEAD
	MARVENE D. HODGES 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 22, 1965 5:35 P M. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
	A.	Maryland B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship)
//2	D.	Baltimore STREET ADDRESS (If rural, give location)
4	South Baltimore General Hospital	228 E. Churchill Street
•		ATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min.
	Female White Widowed, DIVORCED(specify)	47
	10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. I done during most of working life, even if retired)	
	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
		NFORMANT ADDRESS
	(Yes, na orunknown) (If yes, give wor or dates of service) SECURITY NO.	
	18. CAUSE OF	DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the made of dying, e.g.,	is of Liver.
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	O THE SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OF CONDITION CAUSING IT	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	0A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ZIA, EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or	NO about 21C. WHERE DID (If in Baltimare City, give exact location)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, office elc.)	bidg., INJURY OCCUR?
	21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	(APPROX.) MHILE AT NOT WHILE AT WORK	LE
	22. I certify that I held an Inquiry Inspection X Autops	y and that an this basis, death in my apinian
	resulted from: Natural causes X Accident Suicide	Hamicide Undetermined manner
	0 0	CHIEF MEDICAL EXAMINER ADATE SIGNED
	SIGNATURE Cussell of when M.D. AS	SISTANT MEDICAL EXAMINER 8/23/65
	Russell S Fisher M D	SOCIATE MEDICAL EXAMINER
THE REPORT OF	23A, BURIAL CREMATION, 238 DATE 23C. NAME of CEMETERY OF CR	EMATORY A D 30 LOCATION LOUIS, or county) (State)
Latter to the st	REMOVAL (Specify) AUG 23 1993	ODVING MEDICAL SCHOOL
Design of the last	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAT	PAC-PUNERAL DIRECTOR ADDRESS
Nect By THE BY	AUG 30 1965 Robert E. Farkey M. A	MORTUARY SERVICE - BCHD
STATE OF THE PARTY OF	VS 151-REV. 1/1/65	11 11 13



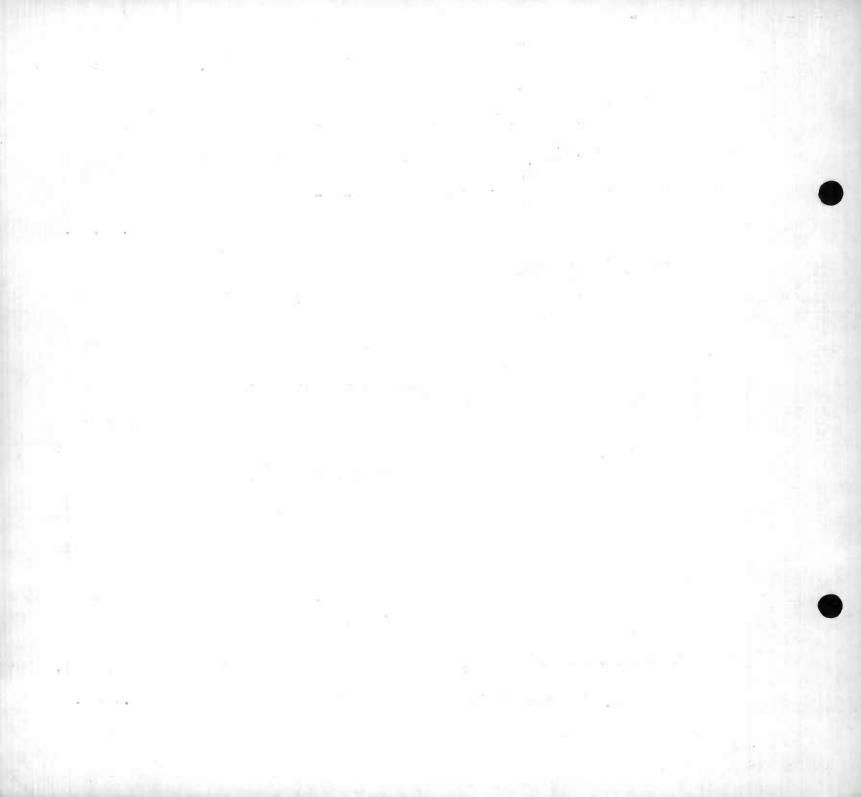
J 57 Mich White Haragherer Emmed Grasse 06 m

	DECEASED			2. DATE	AND HOUR OF DEATH	
(Type ar Print)	Rozel Brown	a		Aug	ust 26. 196	55 1:25 P.
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		A. STATE B. CD	here deceased lived. If in	nstitution: residence befare admissi
FULL NAM	E OF flf nat in hospital	ar institution, arv	e street	Manulani	14	703
HOSPITAL	DR oddress or location	n)		c. city or towned in	outside city limits, write	RURAL and give lawnship)
			Hospitals	Baltimore D. STREET ADDRESS		
	4940 Eas	stern Av	venue		(If rural, give location)	
			yland 2122		Hill Avenu	
5. SEX	6. RACE	7. MARRIED, N WIDOWED,	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Manths Days Hours Min.
Male	Negro	Marı	ried	7-15-1913	52	
	CCUPATION (Give kind of work it of working life, even if retired)	IIDB. KIND OF B	USINESS OR INDUSTR	11. BIRTHPLACE (State at 6	aleign caunity)	12. CITIZEN OF WHAT COUNTRY?
LAB	ORER			Maryland		U. S. A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N		
N117.	77116 W	BROW	IN	MODI	FRANCIS	5m, 714 ADDRESS
15. Was Decea	sed Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT	1110013	ADDRESS
ites, no or unkn	own) (If yes, give wor or date	s of service)	SECURITY NO.			tern Avenue 212
118			CALLSE	OF DEATH	11 4740 Las	INTERVAL BETWEEN
1	O.Z.	AFCTI V	CMOSE	J. DEMIN		ONSET AND DEATH
DIS	EASE OR CONDITION DIE	RECTLY	Λ	to Dogumania		1 Week
	s not mean the made of		DUE TO D	te Pneumonia espiratory I	WILLI	T Meer
	ure, asthenia, etc. It means camplication which caused					
	ANTECEDENT CAUSES		(B) Chr	onic Lung Di	sease-Brond	chitis 20 Years
DISEASES	OR CONDITIONS, if	any giving	DUE TO			
rise la	the above cause (A)		(c) Sev	ere Congesti	ve Heart Fa	ailure 2 Years
UNDERLY	ING CONDITION last.					
Z OTHER C	GNIFICANT CONDITIONS C	ONTRIBITING				
O OTHER S	DEATH BUT NOT RELA DR CONDITION CAUSING I	ATED TO THE	Bleeding	Duodenal Ulc	or Probable	l Week
E TO THE				PUUUUCIIGI. UIC		
DISEASE 19A. DATE	OF OPERATION 198. CON	DINON FOR WE	TICH OPERATION	20 A. AUTOPSY? (Yes or	Nol 20B. IF YES, WERE	FINDINGS CONSIDERED
DISEASE DISEASE		FORMED	TICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	USES OF DEATH?
DISEASE 19A. DATE	OF OPERATION 198. CON	FORMED		Yes or	IN CERTIFYING CA	e City, give exact location
OR CONT	OF OPERATION 198. CON	FORMED		20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	SUSES OF DEATH?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF otify medical examines)	21 B. PI home, etc.)		Yes or	IN CERTIFYING CA	SUSES OF DEATH?
OR CONT DEATH (n)	IDENT WAS UNDERLYING RIBUTING CAUSE OF Offy medical examine) (Manth) (Day) (Year)	21B, Pl home, etc.)	LACE OF INJURY (e.g., form, factory, sheet,	20 A. AUTOPSY? (Yes or Yes in or about 21 C. WHERE DID office bidg., INJURY OCCUR?	IN CERTIFYING CA	SUSES OF DEATH?
OR CONT DEATH (n OF INJUR' (APPRDX)	OF OPERATION 19B. CON WAS PER IDENT WAS UNDERLYING RIBUTING CAUSE OF oily medicol examines) (Manth) (Day) (Year)	21B, PI home, etc.) (Hour) 21E, II While Work	LACE OF INJURY (e.g., form, foctory, sheet,	20 A. AUTOPSY? (Yes or Yes in or about 21 C. WHERE DID office bidg., INJURY OCCUR?	IN CERTIFYING CAYOR THE STATE OF THE STATE O	e City, give exact location)
OR CONT DEATH (n 21 D. TIME OF INJUR' (APPRDX.) 22. ! cert	IDENT WAS UNDERLYING RIBUTING CAUSE OF oily medicol examines) (Manth) (Day) (Year)	[Hour) 21g, II, While Work	ACE OF INJURY (e.g., form, foctory, sheet, njury OCCURRED At Nai What Word deceased from A	20A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bldg. INJURY OCCUR?	IN CERTIFYING CAYES (If in Boltimos NJURY OCCUR?	e City, give exoct location)
OR CONT DEATH (n 21 D. TIME OF INJUR' (APPRDX.) 22. ! cert	IDENT WAS UNDERLYING RIBUTING CAUSE OF oily medicol examines) (Manth) (Day) (Year)	[Hour) 21g, II, While Work	ACE OF INJURY (e.g., form, foctory, sheet, njury OCCURRED At Nai What Word deceased from A	20A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bldg. INJURY OCCUR?	IN CERTIFYING CAYES (If in Boltimos NJURY OCCUR?	cust 26, 19 6
OR CONT DEATH (n 21 D. TIME OF INJUR' (APPRDX.) 22. I cert that (1) (1)	IDENT WAS UNDERLYING RIBUTING CAUSE OF oily medicol examines) (Manth) (Day) (Year)	218, PI home, etc.) [Hour] 21E, II While Work I) ottended the ed allve on	Ace of Injury (e.g., form, foctory, sheet, njury occurred At Not Work At Work deceased from August 26,	20A. AUTOPSY? (Yes or Yes in or about 21C. WHERE DID office bidg., INJURY OCCUR?	N CERTIFYING CA YES (If in Bollimon NJURY OCCUR?	e City, give exoct location)
OR CONT DEATH (n 21 D. TIME OF INJUR' (APPRDX.) 22. I cert that (1) (1)	OF OPERATION 19B. CON WAS PER IDENT WAS UNDERLYING RIBUTING CAUSE OF oily medicol examines) (Manth) (Day) (Year) Y tify that (!) (this hospital we) lost sow the decease and from the couses stored.	218, PI home, etc.) [Hour] 21E, II While Work I) ottended the ed allve on	Ace of Injury (e.g., form, foctory, sheet, njury occurred At Not Work At Work deceased from August 26,	20A. AUTOPSY? (Yes or Yes in or about 21C. WHERE DID office bidg., INJURY OCCUR?	N CERTIFYING CA YES (If in Bollimon NJURY OCCUR?	e City, give exoct location)
OR CONT DEATH (n 21 D. TIME OF INJUR' (APPRDX.) 22. I cert that (1) (-	OF OPERATION 19B. CON WAS PER IDENT WAS UNDERLYING RIBUTING CAUSE OF oily medicol examines) (Manth) (Day) (Year) Y tify that (!) (this hospital we) lost sow the decease and from the couses stored.	218, PI home, etc.) [Hour] 21E, II While Work I) ottended the ed allve on	ACE OF INJURY (e.g., form, foctory, street, orm, foctory, form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, form, foctory, form, foctory, form, foctory, fo	20A. AUTOPSY? (Yes or Yes in or about 21C. WHERE DID office bidg., INJURY OCCUR?	IN CERTIFYING CA YES (If in Bollimon NJURY OCCUR? 19 65 to AU that in (my) (our) opth.	e City, give exact location) gust 26, 19 6, Inian death occurred on the a
OR CONT DEATH (n 21 D. TIME OF INJUR' (APPRDX.) 22. I cert that (1) (ond hour 23A. SIGN	IDENT WAS UNDERLYING RIBUTING CAUSE OF oily medical examines (Manth) (Day) (Year) Y Tify that (!) (this hospital we) lost sow the decease and from the couses stored	218, PI home, etc.) [Hour] 21E, II While Work I) ottended the ed allve on	ACE OF INJURY (e.g., form, foctory, street, orm, foctory, form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, form, foctory, form, foctory, form, foctory, fo	20A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID I	N CERTIFYING CA YES (If in Bollimon NJURY OCCUR?	Sust 26 19 6
OR CONT DEATH (n 21 D. TIME OF INJUR (APPRDX.) 22. I cert that (1) (n ond hour	OF OPERATION 19B. CON WAS PER IDENT WAS UNDERLYING RIBUTING CAUSE OF oily medicol examines) (Manth) (Day) (Year) Y tify that (!) (this hospital we) lost sow the decease ond from the couses story at the couse story at the	(Hour) 21E, II While Work I) ottended the ed alive on	ACE OF INJURY (e.g., form, foctory, sheet, s	20A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID I	IN CERTIFYING CA YES (If in Bollimon NJURY OCCUR? 19 65 to AU that in (my) (our) opt h. Stoff Phys. X	Eust 26, 19 6 Inian deoth occurred on the
OR CONT DEATH (n 21 D. TIME OF INJUR (APPRDX.) 22. I cert that (1) (n ond hour 23A. SIGN	IDENT WAS UNDERLYING RIBUTING CAUSE OF Oily medicol examines) (Manth) (Day) (Year) (Manth) (Day) (Year) (Tify that (!) (this hospital we) lost sow the decease ond from the couses stoted at the couse of the cous	(Hour) 21E II While Work I) ottended the ed alive on	ACE OF INJURY (e.g., form, foctory, sheet, form, foctory, sheet, number of the form, foctory, sheet, number of the form, foctory, sheet, number of the form, foctory, form, foctory, sheet, number of the foctory, number of the	20A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID I illed to the last of the last	IN CERTIFYING CA Yes (If in Bollimon NJURY OCCUR? 19 65 to Aug that in (my) (our) opt h. Stoff Phys. X n Avenue Ba	gust 26, 19 6 Inian deoth occurred on the a
OR CONT DEATH (n 210. TIME OF INJUR (APPRDX.) 22. I cert that (1) (ond hour 23A. SIGN 23C. PHYSI NAM	IDENT WAS UNDERLYING RIBUTING CAUSE OF Oily medicol examines) (Manth) (Day) (Year) (Manth) (Day) (Year) (Tify that (!) (this hospital we) lost sow the decease ond from the couses stoted at the couse of the cous	(Hour) 21E II While Work I) ottended the ed alive on	ACE OF INJURY (e.g., form, foctory, sheet, s	20A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID I illed to the last of the last	IN CERTIFYING CA Yes (If in Bollimon NJURY OCCUR? 19 65 to Aug that in (my) (our) opt h. Stoff Phys. X n Avenue Ba	Eust 26, 19 6 Inian deoth occurred on the 238 DATE SIGNED August 26, 1
OR CONT DEATH (n 210. TIME OF INJUR (APPRDX.) 22. I cert that (1) (ond hour 23A. SIGN 23C. PHYSI NAM	IDENT WAS UNDERLYING RIBUTING CAUSE OF Oily medical examines) (Manth) (Day) (Year) (Month) (Day) (Year)	(Hour) 21E, II White Work I) ottended the ed alive on ted obove. (!) (1) Johnson 24C, NAM	ACE OF INJURY (e.g., form, foctory, street, form, foctory, street, named and street,	20A. AUTOPSY? (Yes or Yes in or about 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID II 19 65 ond view the bady after deat tending Med. Director 23D. ADDRESS 4940 Easter REMATORY 24D	IN CERTIFYING CAYES (If in Bollimon NJURY OCCUR? 19 65 to AU that in (my) (our) opi h. Sloff Phys. X AVENUE Ba LOCATION (C	gust 26, 19 6 Inian death occurred on the 238 DATE SIGNED August 26, 1
OR CONT DEATH (n DEATH (n DEATH (n DEATH (n) 210. TIME (APPRDX.) 22. I cert that (1) (n ond hour 23A. SIGN 23C. PHYSI NAM 24A. BURIAL REMOVA 25A. DATE RE	IDENT WAS UNDERLYING RIBUTING CAUSE OF Oily medical examines of the course stored and the course stored at the cou	(Hour) 21E, II White Work I) ottended the ed alive on ted obove. (!) (1) Johnson 24C, NAME OF	ACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form, foctory, foctory	20A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID I illed to the last of the last	IN CERTIFYING CAYES (If in Bollimon NJURY OCCUR? 19 65 to AU that in (my) (our) opi h. Sloff Phys. X AVENUE Ba LOCATION (C	gust 26, 19 6 Inian deoth occurred on the a
OR CONT DEATH (n 21D. TIME OF INJUR (APPRDX.) 22. ! cert that (l) (ond hour 23A. SIGN 23C. PHYSI NAM	IDENT WAS UNDERLYING RIBUTING CAUSE OF Oily medical examines) (Manth) (Day) (Year) (Month) (Day) (Year)	(Hour) 21E, II White Work I) ottended the ed alive on ted obove. (!) (1) Johnson 24C, NAME OF	ACE OF INJURY (e.g., form, foctory, street, form, foctory, street, named and street,	20A. AUTOPSY? (Yes or Yes in or about 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID II 19 65 ond view the bady after deat tending Med. Director 23D. ADDRESS 4940 Easter REMATORY 24D	IN CERTIFYING CAYES (If in Bollimon NJURY OCCUR? 19 65 to AU that in (my) (our) opi h. Sloff Phys. X AVENUE Ba LOCATION (C	gust 26, 19 6 Inian death occurred on the 238 DATE SIGNED August 26, 1

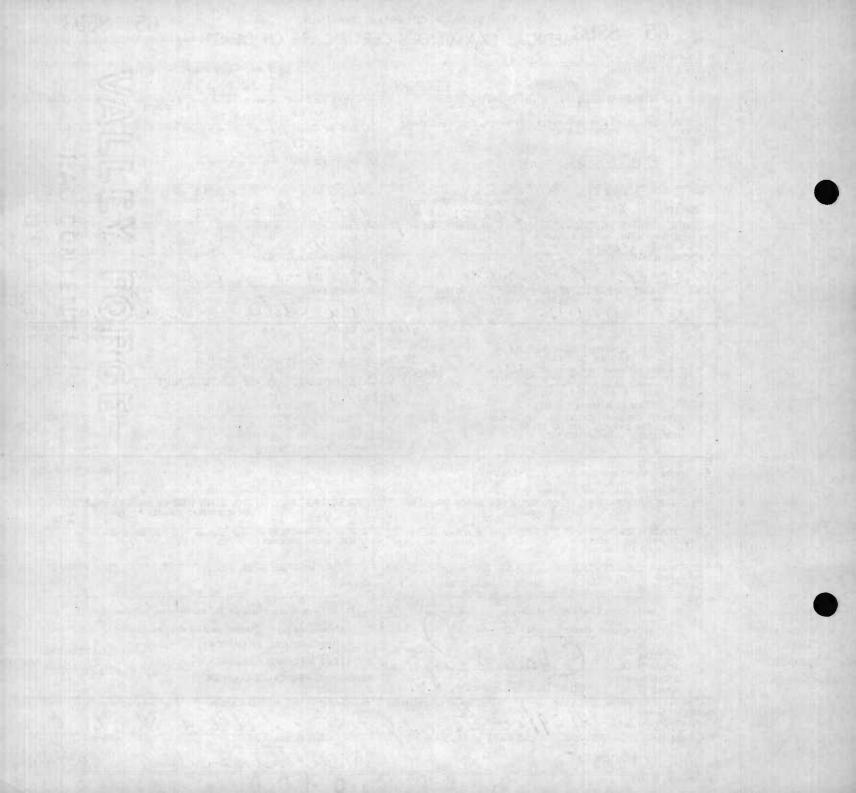


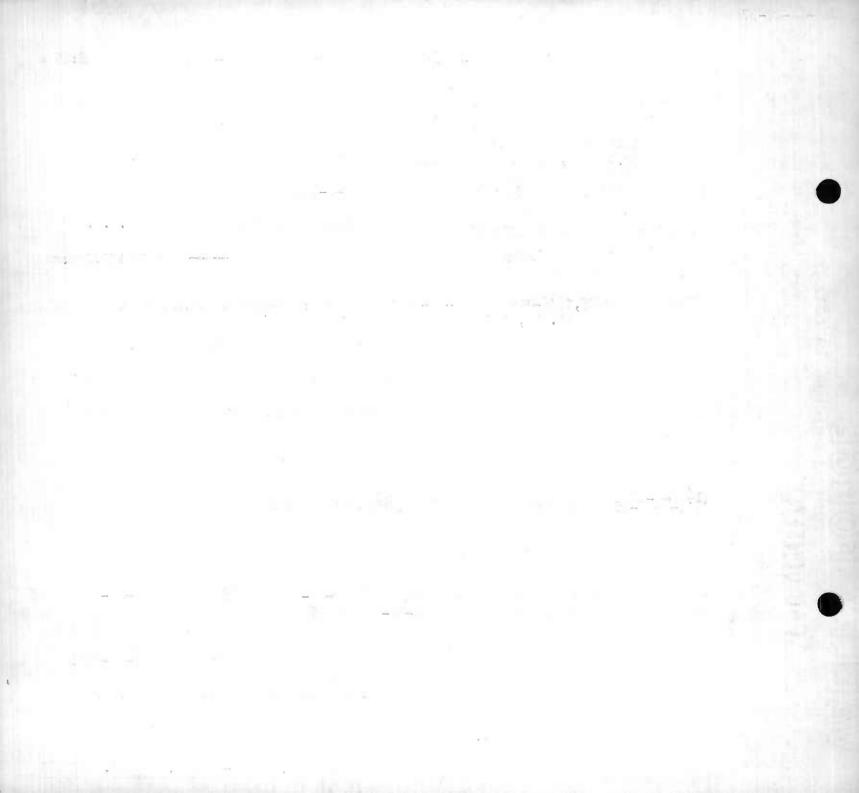
VS 151-REV. 1/1/65

BIRTH NO. M.E. CASE NO. 1, NAME OF DECE	65 8	200		TE OF DEATH	Registered No	2689	2
(Type or Print)							
3. PLACE OF DEAT	IZZETTE CO	peland		Aug	ust 27, 19	institution; residence bef	ore odmission
				A. STATE B. CO	UNTY	111 61	010 0011110117
FULL NAME OF HOSPITAL DR	(If not in hospital oddiess or location	or institution, give street		Maryland	- 1 1 - 1 1 - 1 1	4-0	11-1
INSTITUTION			ni+n1 n		outside city limits, write	RURAL and give towns	ship)
1	holo Foc	e City Hos _l ter n Avenue	pruars	Baltimore D. STREET ADDRESS	(If jural, give location)		
1	Boltimon	e, Maryland	וור בי בי	268 Robert	Street	21217	
5. SEX	S. RACE	7. MARRIED, NEVER A	AARRIED	B. DATE OF BIRTH	9. AGE (In years		Under 24 Hrs.
Female	Negro	WIDOWED, DIVORG	CED (specify)	0 11 1060	lost birthdoy)	Months Doys Hou	rs Min.
		Single	S OR INDUSTRY	9-11-1960	oleian country)	12. CITIZEN OF	
	orking life, even if retired)					WHAT COUNT	
		Augustinos.		Maryland		U.S.A	•
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME		
Clifta	n Washing	ton		Barbara Co	peland		
15. Was Deceased I	on Washing ver in U. S. Armed For lif yes, give wor or dole	ces? 1 6. SOCI	AL JRITY NO.	17. INFORMANT		ADDRESS	
	yes, give wor or dole	SECU	ALII NO.	RECORDS: BC	H 4940 Eas	tern Avenu	e 2122
1B. /	44 1		CAUSE O			INTERVAL E	BETWEEN
DISEASE	OR CONDITION DI	RECTLY				ONSET ANI	D DEATH
	EADING TO DEATH		(A) Uren	nia		5 Days	
	I mean the mode of sthenio, etc. It means		DUE TO	W			
	licotion which caused						
A	NTECEDENT CAUSES		(B) Urete	eral Obstruc	tion	7 Days	
DISEASES OF	CONDITIONS, if	any, giving					
	obove cause (A)	stating the	(c) Neur	coblastoma		1 Year	
UNDERLYING	CONDITION last.						
Z OTHER SIGNIS	CANT CONDITIONS C	ONTRIBUTING				- AIR	
E TO THE DE	ATH BUT NOT RELA	TED TO THE	Met	tastatic Can	cer		
U 19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH O			Nol 208. IF YES, WERE	FINDINGS CONSIDER	ED
19A. DATE OF	WAS PER	FORMED		Yes	IN CERTIFYING C	AUSES OF DEATH?	
U 21A. ACCIDENT	WAS UNDERLYING	21B. PLACE C	F INJURY (e.g., in	n or about 21 C. WHERE DID	tif in Boltimo	ne City, give exact loca	tion)
▼ DEATH (notify t	nedicol exominer	home, form, tetc.)	roctory, street, of	nce bidge, INJURT OCCUR			
Ο 21 D. ΠΜΕ	(Month) (Doy) (Year)	(Hour) 21E, INJURY	OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY		While At	Not While				
		Work	At Work	3 30	72		7 -
) ottended the deceo		,	19 .65 to Au		1965
that (I) (we) I	ost sow the decease	ed alive on Augl	1ST 27,	19_65ond	that In (my) (our) of	pinion deoth occurre	d on the date
ond haur ond	fram the couses sto	ted above. (I) (We) (d	dld) (dld not) v	lew the body ofter deot	h.		
23A. SIGNATUR		,				23B. DATE SIGNED	
2.4	Jayre,	Elli	M.D. Atte	ending Med. S. Director	Stoff Phys.	August 2	7. 196
23C. PHYSICIAN	rs	*		23D. ADDRESS			
NAME (Ty	Dr. S Way	ne Klein	M.D.	4940 Easter	n Avenue B	alto. Md.	21224
24A. BURIAL CREM			EMETERY or CRE			City, lown, or county)	(Stote)
REMOVAL (SE		191- 2-1	1.	10.	Boot	m	1
Rusia	e sign,	1765 /19:	ann	un (m)	ralls.	1/10	**
AIG 3	1965 00	258. HAME OF DEGIST	CA.	25C. EUNERAL DIRECT	1/	1000111	7/10
1100 0	1000 01000		40	11111/11	Inine 1	1001/1/1/1/	sen us



BIRTH NO. 65	8893MED	ICAL EX	AMINER'S C	ERTIFICAT	TE OF I	DEATH Registe	ered No	3033
M.E. CASE NO.								
1. NAME OF DE		7D	DT TOTAL AND			HOUR PRONOUNC	ED DEAD	7:05 P
3 PLACE IN RAI	WALTI		PITTMAN	IN LISTIAL PESID		t 25, 1965	titution: resi	dence before odmission
FULL NAME OF			JTION, GIVE STREET	A. STATE NO	rth Car	olina B. cou	MIN	V-30
HOSPITAL OR	ADDRESS OR LOCA	ATION)	SHOW, GIVE STREET			e corporote limits, write	e RURAL or	nd give township)
/					llory			
Lu	theran Hospit	:al		D. STREET ADDI	RESS (II rurol,	give location)		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTI	Н	9. AGE (In years		1 Yr. If Under 24 Hrs
Male	Negro	WIDOWED,	DIVORCED(specify)	Opt 11	1923	lost birthdoy) 41	Monins	Doys Hours Min.
	CUPATION (Give kind of wor working life, even if retired)	NOB. KIND OF	F BUSINESS OR INDUSTRY	YII. BIRTHPLACE	(State or foreig		12. CITIZI WHA	EN OF T COUNTRY?
Lake	orer			- Jules	4. 1	1. Carren	L	
13. FATHER'S NAM	ek Pit	true	N	LOOTHER'S M	ALDEN NAM	Milke	ina	
	ED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	<i>M</i>	, , , , ,	ADDRESS	
(Yes, no or unknown	n) (If yes, give wor or dok	s of service)	SECURITY NO.	Latie 7	Bull	u- 3000	o Gr	aspen &
18.	211		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY						ONSET AND DEATH
	LEADING TO DEATH	1	VA	cting Ane	urysm o	f Aorta		
heart failure	not meen the mode of e, osthenio, etc. It meens emplication which coused	the disease,	RXXXX wi	th Compre	ssion o	f Left Coro	nary	
				tery.				
DISEASES RISE TO TH	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	NY, GIVING	(B) DUE TO					••••••
No.			(C)					••••••
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T	NG HE					
19A. DATE O	F OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY Yes		208. IF YES, WERE FI		
O UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , lorm, foctory, street,	in or about 21C. Volfice bldg., INJURY	WHERE DID	(If in Boltimore City, g	ive exoct lo	cotion)
E 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?		
OF INJURY (APPROX.)		m. \	WHILE AT NOT	WHILE				
22. I cer	rtify that I held on	nquiry 🗌	Inspection Au	topsy 🗓 one	d that on thi	is bosis, deoth in r	my opinio	n
	olted from: Notural ca		Accident Suicid			Jndetermined monn		
N MARKET			1-1			AMINER -		
SIGNAT		Oiles.) Telly M.D	ASSISTANT M				DATE SIGNED
EXAMI	NED'S	Take 1	1	ASSOCIATE M		and the same of th		8/26/65
NAME	(Type) Charle	es S. Pe	etty, M.D.					
23A. BURIAL CR REMOVAL (Speci		1/65 23	C. NAME OF CEMETERY	Lat	23 D. L	OCATION (City	n town, or	(State)
24A. DATE REC'D	BY HEALTH PEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	1	-	DDRESS
AUG 3	0 1965 00	Ar SI AC	2.12. 00	Earl	Gil	more-18	276	1. North
VS 151-REV. 1/1		1	/ 600	000	0 0			

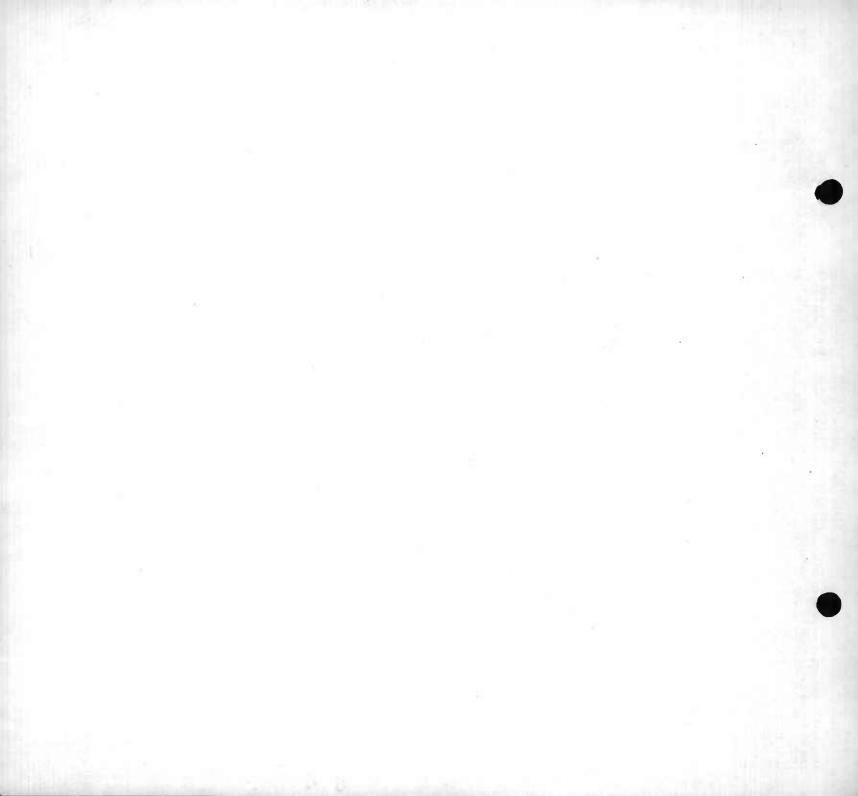




XI.	E. CASE NO.	TE OF DEATH Registered No. 65 889	
41137 F	PLACE OF DEATH IN BALTIMORE, MARYLAND	8. 29.65 3	3 0
	FULL NAME OF (If not in hospital or institution, give street	A. STATE ME COUNTY	9
	HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give town	nship)
0	1	D. STREET ADDRESS (If jujo), give location)	
X	UTHER ANTHOSP.	1020 N. PAYSON SH	
5.	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Months: Days Ho	
don	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	WHAT COUNT	TRY?
4	FATHERS NAME	Woodworth N.C. N.S.	
13.	Com TERRY	14. MOTHER'S MAIDEN NAME MULLIE	
15. (Ye	Was Deceased Ever in U. S. Anned Forces? 16. SOCIAL SECURITY NO. SECURITY	17. INFORMANT ADDRESS	
	NO.	Magywillians 1020N. Pay	150
	18. 33/X1 CAUSE C	OF DEATH INTERVAL ONSET AN	BETV
	DISEASE OR CONDITION DIRECTLY	11 CT	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	#Stroke 3d	oc
	heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)		-
	ANTECEDENT CAUSES (B)	C-V-A.	
	DISEASES OR CONDITIONS, if any, giving		
	II		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Baltimore City, give exact localine bldg., INJURY OCCUR?	cation)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
1	(APPROX.) Work At Work		
	22. I certify that (I) (this hospital) attended the deceased fram	3, 27 1965 to 8, 2, 9	1
	that (I) (we) last saw the deceased alive an	19and that in(my) (aur) apinian death accurre	ed a
	and haur and fram the causes stated above. (1) (We) (did) (did nat)	· · · · · · · · · · · · · · · · · · ·	
	and haur and fram the causes stated abave. (I) (We) (did) (did nat)	238, DATE SIGNED	9 6
	and haur and fram the causes stated abave. (I) (We) (did) (did nat)	tending Med. Stoff Phys. Stoff	6
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) 23A. SIGNATURE	tending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 8 2 9	9.6
24/	and haur and fram the causes stated abave. (I) (We) (did) (did nat) 23A. SIGNATURE M.D. At Ph 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY OF CI	Tending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 8 2 9 23D. ADDRESS Lullarn Hay (City, town, or county)	9 6
1	and haur and fram the causes stated abave. (1) (We) (did) (did nat) 23A. SIGNATURE M.D. At Ph 23C. PHYSICIAN'S NAME (Type) FADHIL ABBOUS' M.D. A. BURIAL CREMATION, [24B. DATE.] [24C. NAME of CEMETERY of CI	tending Med. Stoff Phys. Stoff 8 2 9 23B. DATE SIGNED 8 2 9 23B. DATE SIGNED 8 2 9 23B. DATE SIGNED 8 2 9 CEMATORY 24D. LOCATION (City, town, or county)	9.6

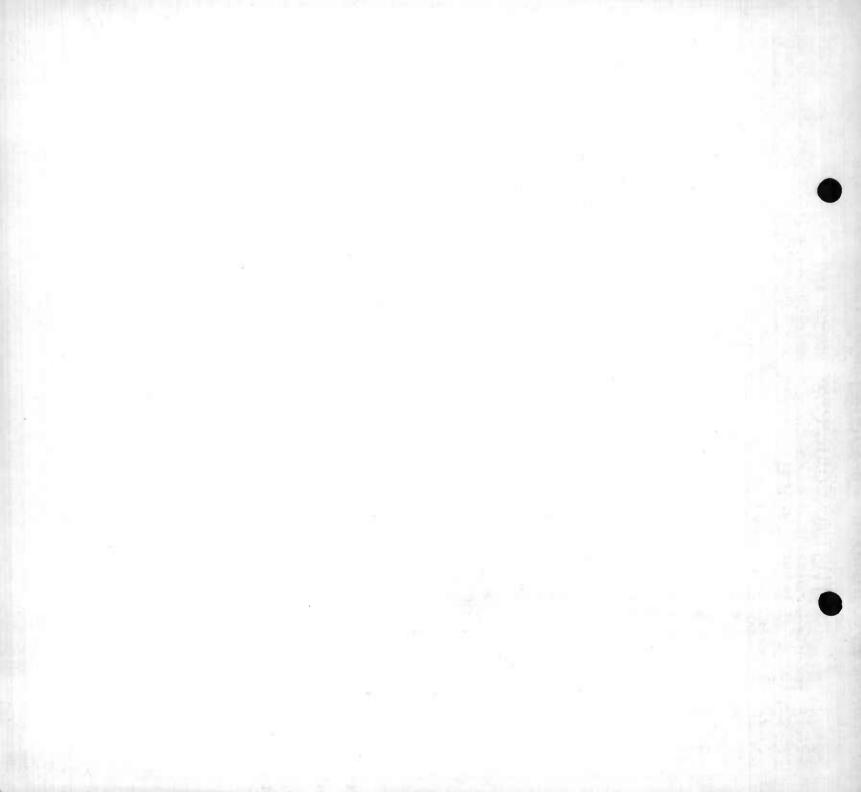
Francis Wilson A. March

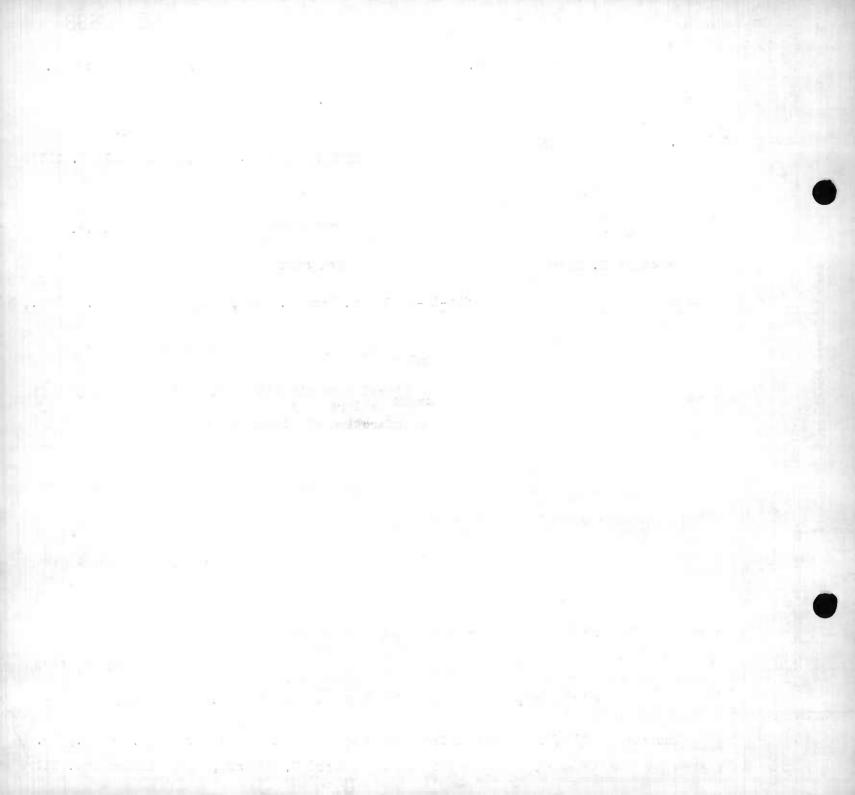
M.E. CASE NO.	ECEASED	CENTITIC	ATE OF DEAT	H Registered Na.	7,0
(Type or Print)		THE MADIRIE		8/28/65	
3. PLACE OF D	PEATH IN BALTIMORE, MA	WE MORIPOR	4. USUAL RESIDENCE	(Where deceased lived, If it	nstitution: residence before admis
				COUNTY	011
FULL NAME HOSPITAL O		ar institution, give street	NID		44
INSTITUTION	R Oddiess of focolic	10		(If outside city limits, write	
			DAS ADE	(If rurol, give location)	54.00
VALI	VERSITY OF	=MARYLAND, TAL		390 W 00 D Rd.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
=	N	WIDOWED, DIVORCED (specify)	11/4/28	lost birthdoy)	Months Doys Hours Mi
INA HISHAL OC		k 108, KIND OF BUSINESS OR INDUST	1 1/1	3 6	12, CITIZEN OF
					WHAT COUNTRY?
FOLD	ER O	S.GOUT. LAUNDR	y MARYLA	ND	USA
13. FATHER'S N	AME		14. MOTHER'S MAIDE	NNAME	
WEB	STER MINI	POE	BEATRI	CF JOHNSON	
	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot		17. INFORMANT		ADDRESS
	wn) (If yes, give wor or dot	es of service) SECURITY NO.	7 Bon	- M	- P
NO		212-26-326	1 OBATRIO	5 MONROE	
18. 44		CAUSE	OF DEATH		ONSET AND DEATH
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(This does	nal meen the made of	dving e.g. (A) NY	WERLEN SION	ESSENTIAL IT DHASE	14 WEEKS
heart failur	e, asthenia, etc. It meon:		MALIGNAN	IT PHASE	
injury or c	omplication which couse				
	ANTECEDENT CAUSE	DUE TO		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	OR CONDITIONS, if the above cause (A)				
	NG CONDITION last.	slotting the (C)			
	II				
O OTHER SIG	NIFICANT CONDITIONS				
TO THE DISEASE OF	DEATH BUT NOT REL	ATED TO THE			
		IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	OI NO 20B, IF YES, WERE	FINDINGS CONSIDERED
DI 19 A. DATE					
U 121 A. ACCII	DENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g. home, form, foctory, street,	office bldg., INJURY OCC	DID (If in Boltimo: UR?	re City, give exact location)
	lify medical examiner)	etc.)			
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
S OF INJURY		While At Not V	/hile		
				10 4- 8/	21/65- 19
		I) attended the deceased fram	,		
	e) last saw the deceas				inian death accurred an the
and haur	and fram the causes sto	ited abave. (1)(We) (dld) (did not) view the bady after d	eath.	
23A. SIGNA	TURE				23B. DATE SIGNED
There	AM Sha	and M.D.	Attending Med. Phys. Director	Stoff Phys.	8/2-8/65-
23C. PHYSIC	CIAN'S		23D. ADDRESS	UNIVERSITY	OF MO. HOSPITA
NAME	(Type)	UGAR M.	D. TOLOUMENER	commos	ange.
24A. BURIAL C	-		CREMATORY	OAD LOCATION (C	ity town or country 184
24A. BURIAL C		24C. NAME of CEMETERY OF	1001	24D. LOCATION (C	ily, lown, or county) (Sh
1 Dum	0 7/1/	162 hrs 210	NUNCHORCE	IMBOTI	44
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
AUG 3	10 1965 Rober	& E. Farber M. M.	man h	new Redays	1650 MUILY.
VS 150-REV. 1/	1/65	1 0 7 7 1			6.7



	4000	SIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered 19:5 8897
	hospital and use of death (5) Deceased ance on the death. Such	T, NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	TO.= L .C	LINGULA NURSING HOME D. STREET ADDRESS (If rurol, give location) 221N FREMONT AND APESS
	occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 11-9-68 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Min.
		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ARBORER WHOLESALE Flores Bouron D 12. CITIZEN OF WHAT COUNTRY?
<u> </u>	rect (4) U was the ispos	ROBERT F WILLIAMS BERTHE CONTES
TAN	ista he kind deal ce ce o	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. TO 22 5490 TO E245 (Answ 1925 Noul RERRY)
MPORT,	o, if fany nced enda d or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH ONSET AND DEATH
OR: I	miner or hiner. Als fracture o pronou gular attended	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) Jange Jangenson
IRECT	xan xan xan wh wh	DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITION lost.
AL D	medical e medical e burns; (3 physician an was ir	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
UNER	chiefy a Body the nysici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 208. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect locotion)
	== 0 0 0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURED 21F, HOW DID INJURY OCCUR?
	2 - 2 0 0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While
	0 0 0	22. I certify that (1) (this haspital) attended the deceased from 19 to 19 to 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive an 19 that (1) (we) last saw the deceased alive and (1) (we) last saw that (1) (we) l
	ust be eased ident nospit deat	and hour and from the couses stated above. (1) (We) (did) (dtd not) view the body after deoth. 23A. SIGNATURE M.D. Attending Med. Stoff Director Phys. S / 2 / 1 / 9 C 5
	0 - 0 - >	23C. PHYSICIAN'S NAME (Type) N.D. 23D. ADDRESS NAME (Type) N.D. 2003 Michiel and
	s: (1) S: (1) D.O.A ased en ap	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) REMOVAL (Specify)
2	This certhe bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AUG 30 1965 Police & Extrapolation Mary Saw J Alaps 638 NG rum 5
		VS 150-REV. 1/1/6S

BALTIMORE CITY HEALTH DEPARTMENT



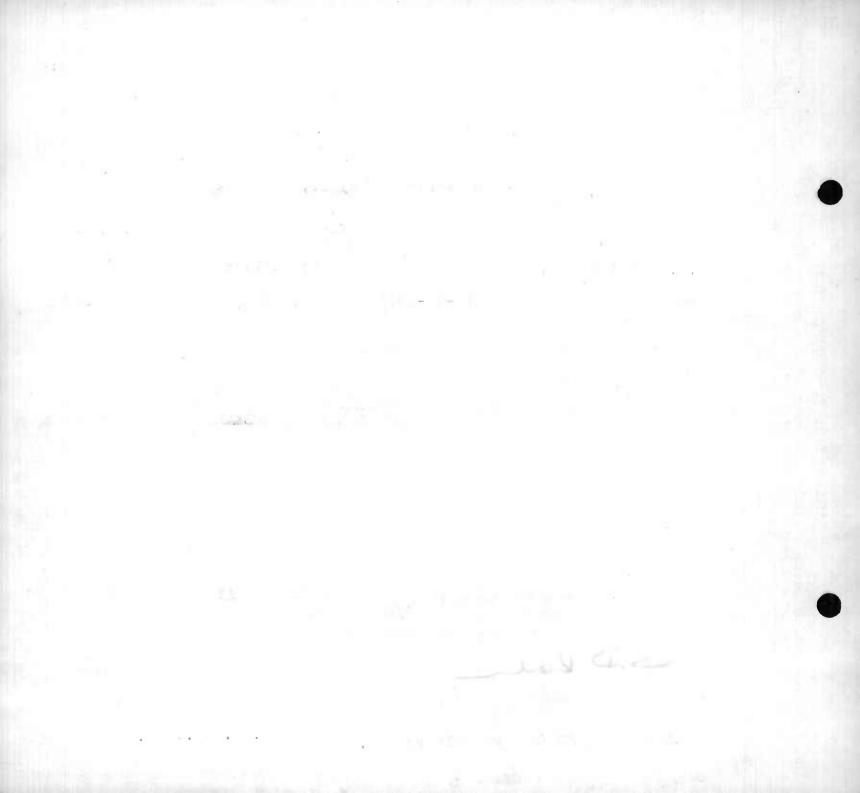


	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	8899
M	E CASE NO.	
	NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH	1/1200
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decessed lived, If in	slitution: residence before edmission
	FULL NAME OF (If not in hospital or institution, give street) A. STATE B. COUNTY MARYLAND H.	ARFORD
	HOSPITAL OR oddress er lecolion) NSTITUTION C. CITY OR TOWN (If eutside city limits, write	RURAL end give tewnship)
	University Hospital Pulesville Ma	ry land.
	Balto, Md. U.S. ROUTE 136	<u></u>
5	Male 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH (9. AGE (In yeers WIDOWED, DIVORCED (specify) 7-10-16 (lest biphdoy)	If Under 1 Yr. If Under 24 Hrs. Months Deys Heurs Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Former (Laboier Lew. farming 131010 GRAYSON Co	
	Bill Bubbit Hash	
5.	Wes Deceased Ever in U. S. Armed Forces? es, no or unknown (If yes, give wer or dotes, ef service) 16. SOCIAL 17. INFORMANT BLEYINS	ADDRESS / A le
	Ves Navy (? date) 227-14-2652 WIMA BHUTH LOC.	US, Maryland
	18.330 X I WWZ CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	CThis does not mean the mode of dying, e.g.,	5-hours
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	
	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES	anknown
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	~20000000000000000000000000000000000000
	II	•
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
Z Z	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in er ebout 21 C. WHERE DID (If in Beltimort	e City, give exect locetien)
AL	OR CONTRIBUTING CAUSE OF home, ferm, foctory, street, elfice bldg., INJURY OCCUR?	, , , , , , , , , , , , , , , , , , , ,
EDIC	21D. TIME (Month) (Doy) (Year) (Heart 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?	
ME	(APPROX.) While AI Work AI Work	~ 3
	22. I certify that (Nythis hospital) attended the deceased from 8-25 19 65 to 8	- 25 1965
	that W (we) lost sow the deceased alive on 8-25 1965 and that in (my) (our) opt	nion death occurred an the do
	and hour and from the causes stated above. (N (We) (did) (did not) view the body after death.	
	234/SIGNATOR	23B. DATE SIGNED
	Phys. Director Phys.	8 02-47
	NAME (Type) M.D. / Marametal	Roller. Mr.
24	Color VIII Trongini	Ty, tewn, or ceunty) (Stele)
	B 0 9/30/1915 Plans & G	1/:
25	A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Chole zul
	AUG 30 1965 Robert E. FallerMA MACKETE Jassel	ween f
S	150-REV. 1/1/65	744

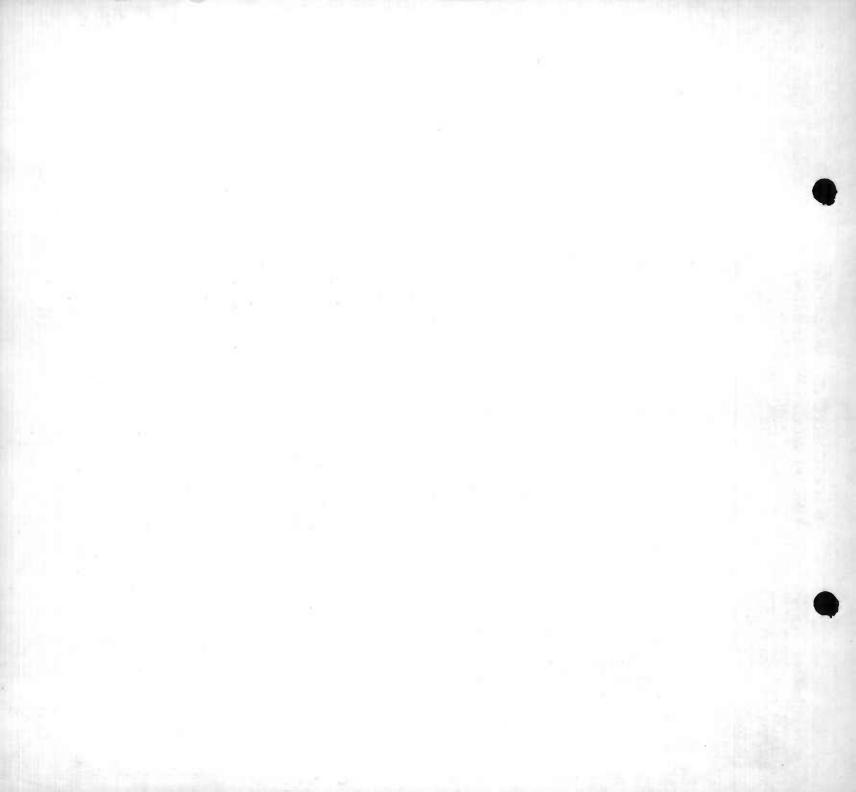
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BALTIMORE CITY HEALTH DEPARTMENT



LE CASE NO.		321(11110)	TE OF DEATH		
ype or Print)	ten, Gerald	mailled		TO HOUR OF DEAT	
PLACE OF DEATH	IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Whe	ere deceased fived. If	institution; residence before admis-
FULL NAME OF HOSPITAL OR INSTITUTION.	(If not in hospital or in oddress or location)		A. STATE B. COUN Maryland C. CITY OR TOWN (If OU Baltimore		Balts RURAL ond give township) 53-00
	1		D. STREET ADDRESS (III	_	ud.
SEX 6.	RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
	Cau.	MOTTIES (specify)	9-14-98	lost birthday)	Months Doys Hours Mil
	king life (eyen if retired)	R KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign countrỹ)	12. CITIZEN OF WHAT COUNTRY?
FATHERS NAME		, with the first	14. MOTHER'S MAIDEN NA	ME	
woillis	L. Coste	N	Beuloh Hay	105	
es, no ar unknown) (If	er in U. S. Armed Forces yes, give wor or dotes o	of service) 16. SOCIAL SECURITY NO.	Mrs Failine	Cistons	PHILACH ROAD
18. 420	. / 1	CAUSEO	PEATH	4	INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIREC	TLY	" 1 "		0 0
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DISEASES OR rise to the UNDERLYING COTHER SIGNIFIC TO THE DEAT DISEASE OR CO 19A. DATE OF OR DEATH (notify me of injury (APPROX.) 21.D. TIME (Mac) (APPROX.) 22. I certify the that (Mac) (as and haur and fr 23A. SIGNATURE	mean the made of dy thenia, etc. It means the calian which caused destricted by the cause of the	e disease, (ath.) (B) DUE TO V. giving aling the (C) NTRIBUTING D TO THE TO THE 1218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) While At D Not While At Work Intended the deceased from D alive an D above. (We) (did) (20A. AUTOPSY? (Yes or No	O) 20B, IF YES, WER IN CERTIFYING COUR?	ite FINDINGS CONSIDERED CAUSES OF DEATH? note City, give exact lacotion) 19 5.5 spinian death accurred an the
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DISEASES OR rise to the UNDERLYING CONTRIBUTION OF CONTRIBUTION DEATH (natify me 23A. SIGNATURE 23C. Physicians 23C. Physician	mean the made of dy thenia, etc. It means the calian which caused de TECEDENT CAUSES CONDITIONS, if any above cause (A) structure of the conditions CONTH BUT NOT RELATE NOTION CAUSING IT. PERATION 198. CONDITION WAS PERFORM WAS UNDERLYING CAUSE OF Edical examines? Annth (Doy) (Year) (1) Out the causes stated	e disease, (ath.) (B) DUE TO (C) NTRIBUTING D TO THE TON FOR WHICH OPERATION (MED) 21B. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.) White At Not White At Work Intended the deceased from At Work alive an Assa. 27 abave. (We) (did) (Med) Phy	20A. AUTOPSY? (Yes or No.	208, IF YES, WER IN CERTIFYING COUR? (II in Boltim URY OCCUR?	ite FINDINGS CONSIDERED CAUSES OF DEATH? note City, give exact location) 19 5-5 spinian death accurred an the
DISEASES OR rise to the UNDERLYING COUNTRY SIGNIFIC TO THE DEAT DISEASE OR COUNTRIBUTING COUNTRY SIGNIFIC TO THE DEAT DISEASE OR COUNTRIBUTING COUNTRY SIGNIFIC TO THE DEAT OR CONTRIBUTING DEATH (naify me of injury (APPROX.) 22. I certify the that (We) lag and haur and from the country significance of the cou	mean the made of dy thenia, etc. It means the calian which caused de TECEDENT CAUSES CONDITIONS, if any abave cause (A) structure of the cause of the causes stated of the causes stated (A)	e disease, (ath.) (B) DUE TO (C) NTRIBUTING D TO THE TON FOR WHICH OPERATION (MED) 21B. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.) White At Not White At Work Intended the deceased from At Work alive an Assa. 27 abave. (We) (did) (Med) Phy	20A. AUTOPSY? (Yes or No	O) 20B, IF YES, WER IN CERTIFYING COUR? (If in Boltim URY OCCUR? 19 65 to A Stoff Phys. Hospital	DE FINDINGS CONSIDERED CAUSES OF DEATH? There can be a considered and the considered and



BALTIMORE CITY HEALTH DEPARTMENT

8902 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E.	CASE	NO.

1. NAME OF DECEASED

2. DATE AND HOUR PRONOUNCED DEAD

BERMAN DANIELS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

August 29, 1965 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY

14:00 a

FULL NAME OF HOSPITAL OR INSTITUTION

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rurol, give locotion)

1108 Etting Street

Provident Hospital 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 5. SEX 6. RACE

male colored 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR

1) 25

If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.

ONSET AND DEATH

done during most of working life, even if retired)

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give wor or dotes of service)

6, SO CIAL SECURITY NO.

CAUSE OF DEATH

Stab wound of chest

INTERVAL BETWEEN

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

li

DUE TO

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED Yes

IN GERTLEYING CAUSES OF DEATH?

ZIA, EXTERNAL CAUSE WAS UNDERLYING TO R CONTRIBUTING CAUSE OF DEATH.

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR?

21 D TIME (Month) (Doy)

Unknown 21 E. INJURY OCCURRED

Unknown 21F. HOW DID INJURY OCCUR?

OF INJURY (APPROX.)

CATION

ERTIFIC

MHILE AT

NOT WHILE X Autopsy X

Stabbed

22. I certify that I held an Inquiry

Inspection

Hamicide X Undetermined manner Suicide

and that an this basis, death in my apinion

resulted fram: / Natural causes Accident ACTUAL

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DATE SIGNED

(Stote)

SIGNATURE. EXAMINER'S NAME (Type)

ASSOCIATE MEDICAL EXAMINER

8-29-65

23A. BURIAL CREMATION, REMOVAL (Specify)

Rudiger Breitenecker 238. DATE

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION (City, town, or county)

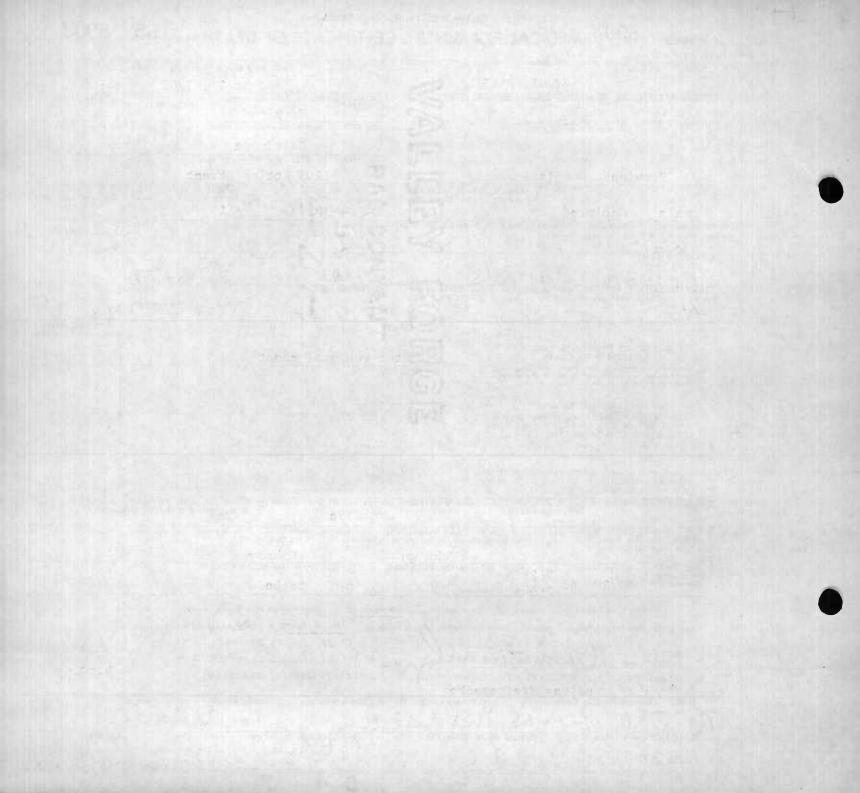
24A. DATE REC'D BY HEALTH DEPT.

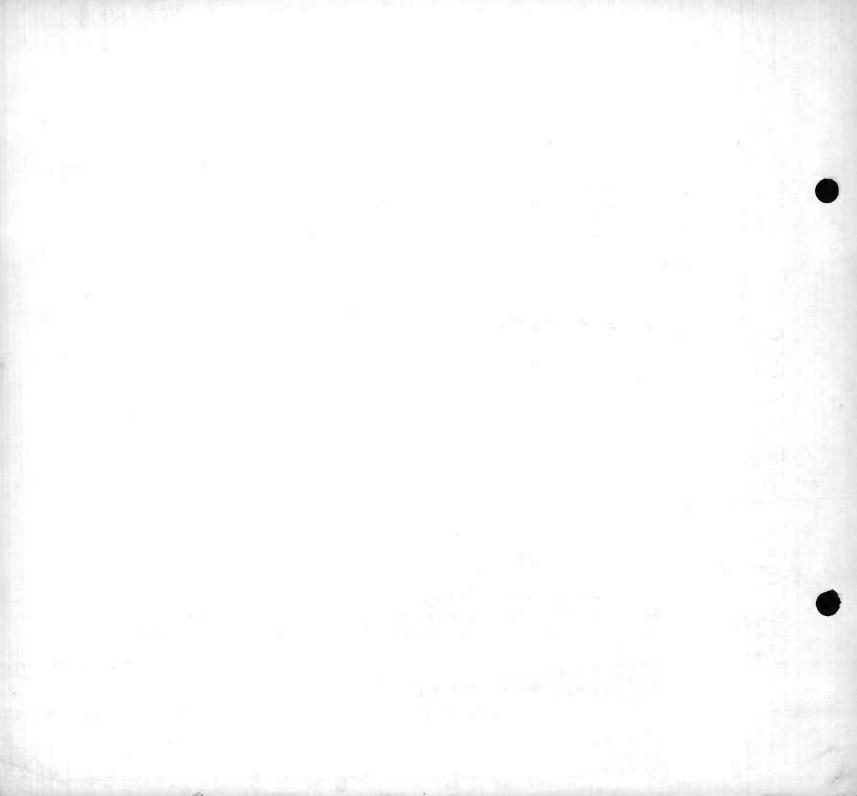
248, NAME OF REGISTRAR

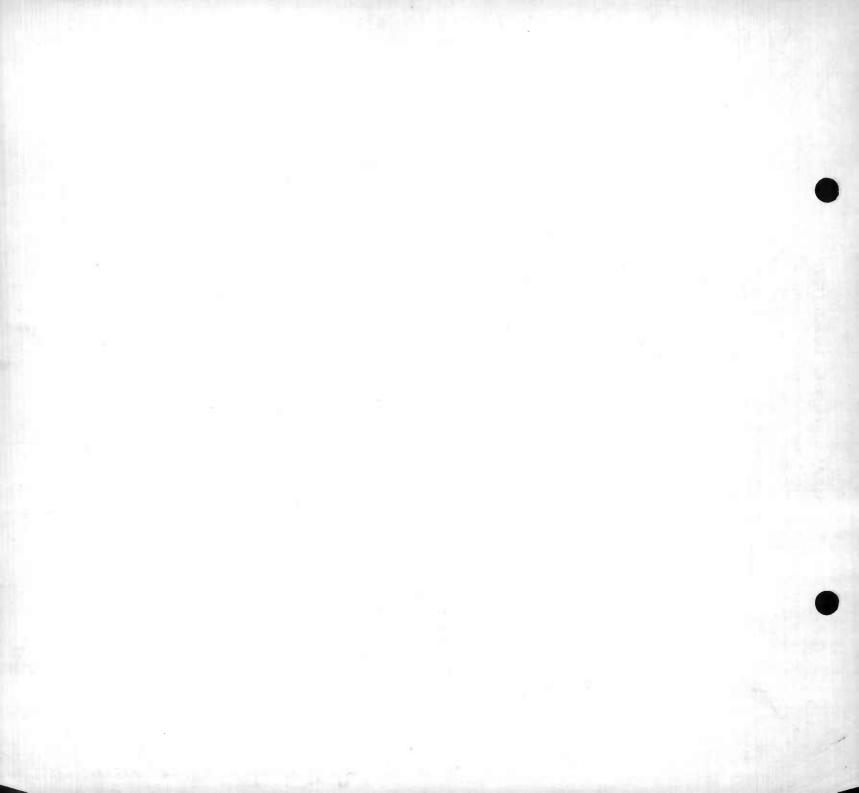
FUNERAL DIRECTOR

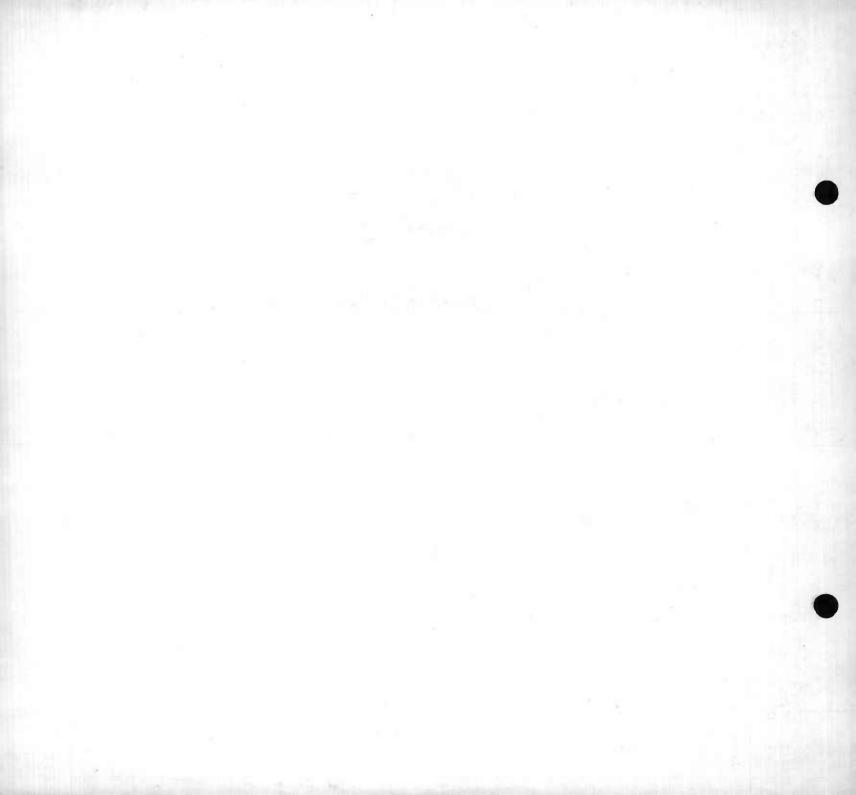
ADDRESS

VS 151-REV. 1/1/65









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hospital

If Under 24 Hrs.

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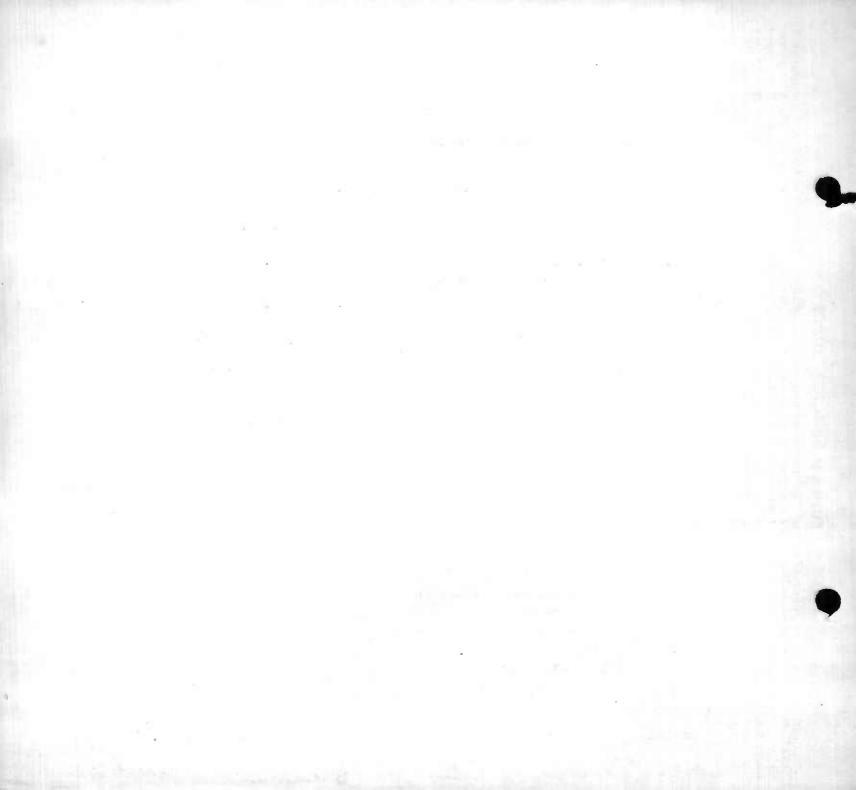
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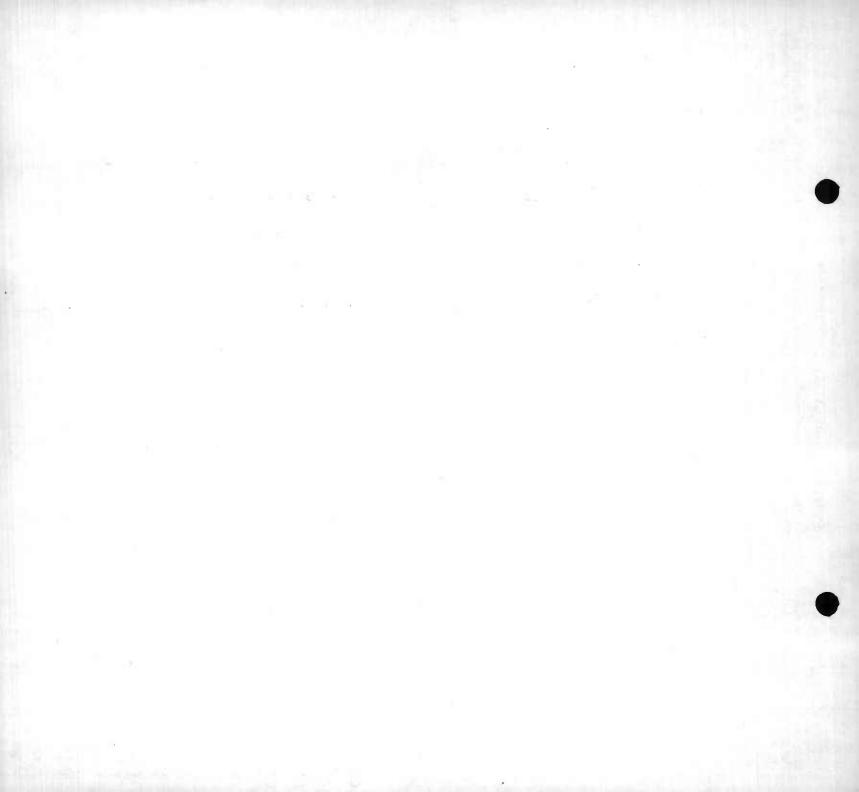
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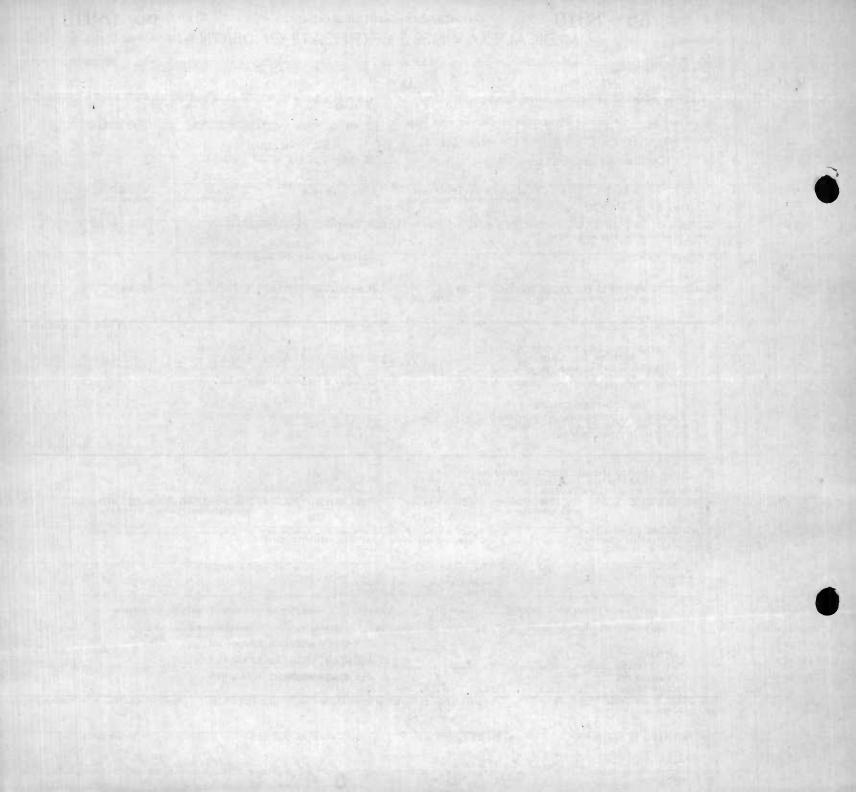
185 HAVENYOUNK

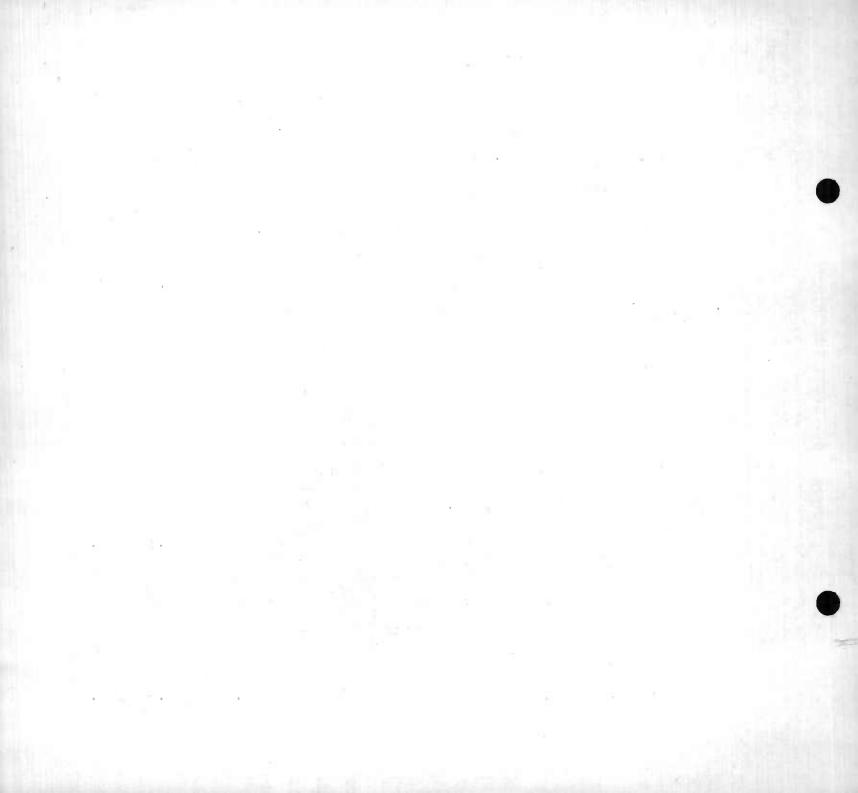
35 Meers

VS 151-REV. 1/1/65

65 8910 **BALTIMORE CITY HEALTH DEPARTMENT** MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.**

BIKIH NO.	IVIL	DICAL L	YAMII AFIC 2 C	LITTICA	ILOID	L/111 Kegisie		
M.E. CASE NO.								
(Type or Print)	MINERVA	G.	DABNI	ZV	200	HOUR PRONOUNC		1.00 B
2 BLACE IN BALL	TIMORE, MARYLAND,				Augu	st 25, 196	itution confe	1:00 P
S. PLACE IN BAL	IIMORE, MARILAND,	WHERE PRONC	ONCED DEAD			eceosed lived. If inst B. COL	JNTY	pure palote oumissi
FULL NAME OF	(IF NOT IN HOS	PITAL OR INSTI	TUTION, GIVE STREET	D,		corporate limits, write	RURAL on	d give township)
HOSPITAL OR	ADDRESS OR LO	CAHON			shington			
Tast	heran Hospi	tal		D. STREET ADD		ive lesetion)		
Bac	meran nospi	Lai		451		Street		
5. SEX	6. RACE	7 AA ADDIE	, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	H Under	1 Yr. If Under 24 H
Female	Negro		DIVORCED (specify)	D. DAIL OF BA		lost birthday	Months	Doys Hours Mir
						80		
	UPATION (Give kind of a working life, even if retire		OF BUSINESS OR INDUSTR	111. BIRTHPLACE	(State or foreign	country)	12. CITIZE	N OF COUNTRY?
13. FATHER'S NAA	ΛE			14. MOTHER'S M	AIDEN NAME			
	D EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(100, 110 0) 0111110111	, we year, give way or t	dies di service.						
1B. / / //	5 1/		CALIST	OF DEATH				INTERVAL BETWEE
74	5/1		CAOSI	OI DEATH				ONSET AND DEAT
DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	Hypert	ensive an	d Arteri	osclerotic		
(This does	not mean the mode , osthenio, etc. It me	ol dying, e.g.	PRINTERSON					
injury or co	mplication which cous	ed deoth.)	' Ca	rdiovascu	lar Dise	ase.		
	ANTECENDENT CAL	ISES						
	OR CONDITIONS, I		(B)					
RISE TO TH	IE ABOVE CAUSE (A	STATING THE						
			(C)			••••••		
5	il		OLINON NO.				- 2	
	NIFICANT CONDITIO							
E DISEASE O	R CONDITION CAUS						······································	
	F OPERATION 198. C	ONDITION FOR	WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FI		
0	11.00	EKIOKIVIED		No		V CERMINIO CAU	313 01 017	VIII.
✓ 21 A. EXTERNA	OR CONTRIB-	21 B	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (IF	in Boltimore City, gi	ve exoct lo	sation)
	ISE OF DEATH.	etc.)					
E 21D TIME	(Month) (Doy) ((eor) (Hour)	21E. INJURY OCCURRED	21F. H	OW DID INJUR	Y OCCUR?		9.09
OF INJURY (APPROX.)			WHILE AT NOT	WHILE				
22.		m.	WORK L AT W	ORK				
	tify that I held on	Inquiry	Inspection X Au	topsy on	d that on this	basis, death in r	my opinion	
resu	Ited from: Natural	couses	Accident Suicid	e Homic	ide Ur	determined mann	er 🗌	
		1	//_	CHIEF	EDICAL EXA	MINER _		DATE CICHED
SIGNAT		a coule	lain M.D	ASSISTANT M	EDICAL EXA	MINER X		DATE SIGNED
EXAMIN			m. U	ASSOCIATE N				8/26/65
NAME (Type) Charl	es S. Pe	tty, M.D.	AUGUOTA I E				
23A. BURIAL CRE	MATION, 238 DATE		3C. NAME of CEMETERY	CREMATORY	23 D. LO	CATION (City	, town, or c	ounty) (Stote)
REMOVAL (Specil	0 0	70115	Mich	17.0				
24A, DATE REC'D	BY HEALTH DEPT	24R NAM	E OF REGISTRAR	24C. FUNER	AL DIRECTOR		A	DDRESS
A110 0	O LOCE A			//	2 / /	1 1		
AUG 3	U 1965 17 1	Ar SI A	Fa. Davina	11/1/2	1 91 1.	. K. 1/1	150.14	E. 4. 10





3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF Oddress or location of INSTITUTION ST. AGNES HOSPITAL 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specific properties) of Married Divorced (specific properties) of Marri	DUSTRY 11. BIRTHPLACE (State or foreign country) SCOTLAND 14. MOTHER'S MAIDEN NAME PAULINE OMROD 17. INFORMANT ADDRESS
ST. AGNES HOSPITAL 5. SEX 6. RACE WHITE WIDOWED, DIVORCED (specific done during most of working of the avery if paired) 10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INC. CLERK HOUSEW FEED 13. FATHERS NAME ROBERT A MACHAEL MITCHELS 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	BALTIMORE D. STREET ADDRESS (If rurol, give location) 6316 FREDERICK ROAD City) B. DATE OF BIRTH 9. AGE (In years lost birthold) 5-27-00 65 DUSTRY 11. BIRTHPLACE (Stote or foreign country) SCOTLAND 14. MOTHER'S MAIDEN NAME PAULINE OMROD
5. SEX FEMALE WHITE 10A. USUAL OCCUPATION (Give kind of work) done during most of working life area (califord) CLERK - HOUSEW FE 13. FATHERS NAME ROBERT A MICHAEL MITCHELE 15. Was Personal Ever in U. S. Armed Forces? 16. SOCIAL	B. DATE OF BIRTH 9. AGE (In years lost birthday) 5-27-00 65 DUSTRY 11. BIRTHPLACE (State or foreign country) SCOTLAND 14. MOTHER'S MAIDEN NAME PAULINE OMROD
FEMALE WHITE WIDOWED, DIVORCED (specific property) 103. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INCIDENCE OF THE PROPERTY OF THE PROPERT	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SCOTLAND 14. MOTHER'S MAIDEN NAME PAULINE OMROD 17. INFORMANT ADDRESS
done during most of working life even if salicad) CLERK - HUUSEWIFE DEPT. STORES 13. FATHERS NAME ROBERT A MICHAEL MITCHEL 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	SCOTLAND 14. MOTHER'S MAIDEN NAME PAULINE OMROD 17. INFORMANT ADDRESS
ROBERT A MICHAEL MITCHELL 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	PAULINE OMROD
	ST. AGNES RECORDS-CATON & WILKENS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO	
18. / 4 44 V	AUSE OF DEATH INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY	Metastases to Sung & me Carcinoma of Oral Mocosa Jan, 1°
(This does not meen the mode of dying, e.g., DUE	TO SUCKEY
hearl foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	occiona I Doc Marion Day 16
	To character of the most fact,
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	
UNDERLYING CONDITION Iosi,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED of Oral W.	N 20 A. AUTOPSY? (Yes or No! 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 218. PLACE OF INJUR. home, form, foctory, sietc.)	KY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct locotion) street, office bldg., INJURY OCCUR?
Work A	lot While
	JULY 2819 65 10 AUGUST 2519
that (I) (we) lost sow the deceased alive onAUGUST	25 19 65 and that in(my) (our) opinion death occurred on t
ond hour ond fram the couses stated obove. (I) (We) (dId) (did	not) view the body after death.
sprance. Daing M.	
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
DR. RUIZ	M.D. ST. AGNES HOSPITAL; CATON & WILKE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Crandary Baltimore MR.
AllG 30 1965 A. B. & Falley M.	46. 1 4. 5//

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BIR	65 th No.	8913 MFDI		CAMINER'S CI			FATH Regist	ered Na	65	8913
M.	L CASE NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	G/ (L L/	., ., ., ., .						
1.	NAME OF DEC	EASED				2. DATE AN	D HOUR PRONOUNG	ED DEAD		
Пу	pe or Print)	WILLIAM	K	BROE	RSMA	Aug	ust 25, 196	5	1:2	0 P
3. 1	LACE IN BALT	MORE MARYLAND, W	HERE PRONOL	UNCED DEAD	A. STATE		deceased lived. If ins B. CO	titution: resid	lenco befor	re odmission)
FU HO INS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET		yland wn (If outside	e corporate limits, wri	e RURAL on	id give tov	wnship)
2	Sina	i Hospital			D. STREET ADD					
			1936				k Avenue		HIR S	
5. 9	Male	6.RACE White	7. MARRIED, WIDOWED, Sepan	DIVORCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthdoy) 41	Months ;	1 Yr. If U	Inder 24 Hrs. ours Min.
10A	USUAL OCCU	PATION (Give kind of work		BUSINESS OR INDUSTRY	5/19/19	(State or foreig		12. CITIZE		
don	Sales E	rorking life, even if retired) ngineer			Grand D		N/4 -1.		COUNT	RY?
	FATHER'S NAM				Grand R	AADIOS,	Mich.	l U.	S.A.	
			0 7 0 700 0				nehouse			
15.		lliam J. Bro		16. SO CIAL	17. INFORMANT	esa sic	Hellouse	ADDRESS		
		(If yes, give wor or dote		SECURITY NO.	IV. IN ORMAN			ADDKE33		
	Yes	WW/2		218-16-2278	William	Broers	ma 3710 N	lohawk	: Ave	nue
	18. 49	/ Y .		CAUSE	OF DEATH					L BETWEEN
	DISEAS	E OR CONDITION DU	DECTI V					9 8 8 8 8	ONSET A	ND DEATH
	DISEAS	E OR CONDITION DI	KECILT	Rronch	opneumon:	ia				
	(This does n	of mean the made of	dying, e.g.,	DUE TO	iopheumon.	La.			. ds 1 000 1	
	heart failure,	osthenio, etc. It meons	the disease,							
	ANTECENDENT CAUSES									
		OR CONDITIONS, IF A E ABOVE CAUSE (A) ST		DUE TO						
_	UNDERLYIN	IG CONDITION LAST.		(6)				7.4		
6	(C)									***************************************
FY	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
ERTIFICATION	TO THE	DEATH BUT NOT REL	ATED TO T		Liver.					
II.	19A. DATE OF	CONDITION CAUSING					500			
CEF	IVA. DATE OF	WAS PER		WHICH OPERATION			208. IF YES, WERE FIN CERTIFYING CAL		ATLI2	
با	- AUGUSTIN				Ye					les
₹ O	21 A. EXTERNAL	OR CONTRIB-	home	PLACE OF INJURY (e.g., i form, factory, street, o	in or about 21 C.	WHERE DID	If in Boltimore City, s	give exact la	cotion)	
EDIC	UTING LCAU	SE OF DEATH.	etc.)							
Σ	21 D TIME	(Month) (Doy) (Year	(Hour) 2	1E. INJURY OCCURRED	21 F. H	JUN DID WO	RY OCCUR?			
	(APPROX.)				WHILE					
	m. WORK AT WORK									
		ify that I held an I	nquiry 🗌	Inspection Aut	apsy 🗓 an	d that on thi	s basis, death in	my apinion	,	
	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner									
	CHIEF MEDICAL EXAMINER									
	ACTUAL	(1)/	-/1	1/-					DATE	SIGNED
	SIGNATI	JRE	ailen)	1 elly M.D.	ASSISTANT M				8/26/	65
	EXAMIN	ER'S Charles	C Dot	ty, M.	ASSOCIATE !	MEDICAL EX	(AMINER		-,,	
23.4	NAME (1			C. NAME of CEMETERY of	. CREAA ATO BY	230 1	OCATION (City	, town, or c	county)	(Stote)
	AOVAL (Specify		23	C. HAME OF CEMETERY O	CREMATORI	230. [CATION (CIT	, lown, or c	ounty/	(31016)
	Burial	8/30/	65 B	altimore Nat	ional Cer	metery	Baltimon	e, Ma	rylar	nd
24/	. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	200, FUNE	AL DIRECTOR	5 1/		DDRESS	
	Д	JG 30 1965 (P.O. A	E. Farbuna	O.K.	worth h	macast	O T 1		T-1-14
		00 1000 (1 som	C' dombrai.	Ellswo	orth Ari	macost 460	U Libe	erty F	leights
VS	151-REV. 1/1/6	55	, , ,	1 8 0 0	0 0	3 7				

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05 004	BALTIMORE CITY	HEALTH DEPARTMENT		CE DOMA
MRTH NO. 65 8914 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	65 8914
I, NAME OF DECEASED			HOUR OF DEATH	
JOHN S. WILLIAMSON		8/2	5 65	4:00 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If in:	stitution: residence before admission
FULL NAME OF (If not in hospital or institution,	give sheet	MARYland	\prec	Balt
HOSPITAL OR oddiess or location) INSTITUTION		1		URAL ond give township)
union memorine Hos		D. STREET ADDRESS (If	urol, give location)	55.00
WHOM WEINDICHTE NOS	P	47 (1)	sour St	-1716 YAKANA K
SEX 6. RACE 7. MARRIED	, NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 Hr
MAGE WHITE WIDOW	D, DIVORCED (specify)	5/31/08	ost birthdoyl	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KND)	F BUSINESS OF ANDUSTRY	11. BIRTHPLACE (Stole or foreig	400	12. CITIZEN OF WHAT COUNTRY?
lone during most of working lile, even if retired)		BALLINE	V. Capalina	USA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	LE CAROLINA	a don.
- Tolan / 111.11.	msoN			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown (If yes, give war at dates of service)	1 6. SOCIAL	17. INFORMANT	. 2-11	MAK ADDRESS DA
to service)	SECURITY NO.	More Reshin	A. Ru	MAKOUM Ed. 22.34, Md.
1B. 464X	CAUSE O	Y	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) (M)	HUSONA	\$ mm	July 5, 1965
(This does not mean the made of dying, e.g. heart failuse, asthenia, etc. It means the disease	DUE TO			01
injury as camplication which caused death.)	100 Peel	ALL VIAROU	et.	aug 24 1965
ANTECEDENT CAUSES	DUE TO	monory Information		A
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C) Thr	ontopullule	d	
UNDERLYING CONDITION last.		1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	HE			
	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING GAUSE OF ho	me, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
0				
OF INJURY	E. JNJURY OCCURRED hile At Not While	21F, HOW DID INJU	IRY OCCUR?	
(APPROX.)	ork At Work			
22. I certify that (I) (this hospital) ottended		3/22/65	9ta	24/65 19
that (1) we last saw the deceased alive an.			t in (my) Gur apir	lan death occurred an the da
and haur and fram the couses stated above.	(I) ((id)) did nat) v	lew the body ofter death.		
23A. SIGNATURE	AA 50 Aug	adia of Mad —		23B, DATE SIGNED
Walter J. Doone	Phy	s. Director	Stoff Phy s.	8/24/65
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	remoine	Hosp.
WALTER T. BOO		UNTORTMEN	IORIAL HOS	PITAL
24A, BURIAL CREMATION, 24B, DATE 24C. N	AME of CEMETERY or CRE	MATORY 24D, LO	CATION (Cit	y, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. N	, ,	1 2	,	1
BUNIAL 8-28-65 PRO	vidence Cer	metery Chi	arlotte 1	Worth CAROLINA
BUTIAL 8-28-65 RO	vidence Cer	1 01	ARLotte 1	North CAROLINA

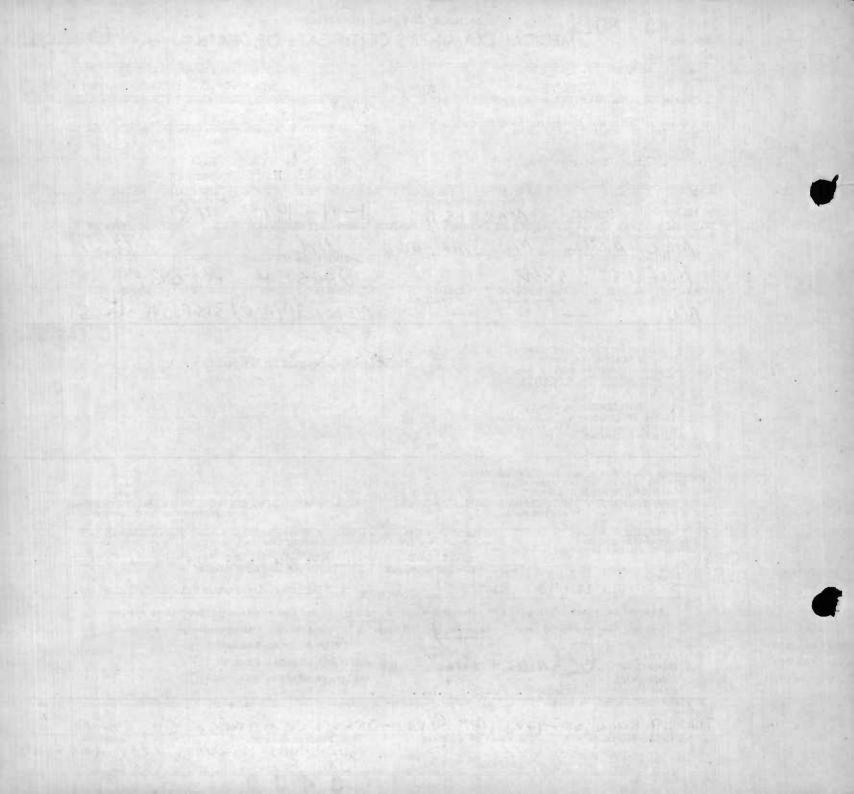
LIETT. TEST.

65 8915

VS 151-REV. 1/1/65

gistered	Na	65	8915

BIRTH NO.	MEDI	ICAL EX	(AMINER'S CI	ERTIFICAT	E OF [DEATH Registe	red Na	00 8	191,
M.E. CASE NO.									
1. NAME OF DE	CEASED	WE TO THE			2. DATE ANI	HOUR PRONOUNC	ED DEAD		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WILLIE		LYNN	12000	Aug	ust 25, 196	5	8:45	P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDE	ENCE (Where	deceased lived. If inst	titution: resid	ence before a	dmission
					Jersey		INII		
HOSPITAL OR	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOW	/N (If outside	corporate limits, write	RURAL on	d give towns	nip)
INSTITUTION				Nev	vark		11	27	
Joh	ns Hopkins Ho	spital		D. STREET ADDR		give location)	- !/		
				313		olk Street			
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Unde	r 24 Hrs
16-1-			DIVORCED(specify)	1 11	10 10	lost birthday	Months	Doys Hours	Min.
Male	Negro	MAR	RIED	1-11-	1911	48			
	working lile, even if refired)	OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	n country)	12. CITIZE	N OF COUNTRY?	
MEC	HANIC	N.J.	SHIPYARD	N: (U	SA	
13. FATHER'S NAM	A E			14. MOTHER'S MA	AIDEN NAME				
KUF	US LYN	N		DAIS	EY	130 BK	2 Y		
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		1	ADDRESS		
A / /	(If yes, give wor or dote	s of service)	SECURITY NO.	NICILIE	(IVNIA	1)313No	oc alk	CT	
100				IVELLIC	LIVIV	7013100	1//		
18. Z	16.11		CAUSE	OF DEATH				ONSET AND	
DISEA	SE OR CONDITION DI								
(This does	LEADING TO DEATH		(A) Mult	iple Traun	natic I	njuries.			
he ort foil ure	, osthenio, etc. It means implication which coused	the disease.	DUE TO				1		
Injury or co	implication which coused i	deom.							
	ANTECENDENT CAUSE	S	(B)				5.0		
	OR CONDITIONS, IF A		DUE TO	*****************	*************				
UNDERLYI	NG CONDITION LAST.	TAINO IIIL					9.5		
Z			(C)		•••••	********			
OTHER SIGNOTHER	II	CONTRIBLITIA	10				1 5 1		
O THE	NIFICANT CONDITIONS DEATH BUT NOT REL								
E DISEASE O	R CONDITION CAUSING		***************************************			***************************************		***************************************	
O PAL DATE OF	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY?		20B. IF YES, WERE FILL			
				Yes				Y	es
	L CAUSE WAS MOR CONTRIB-	21 B. I	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. W	HERE DID (If in Boltimore City, gi	ve exoct loc	otion)	1-01
UTING CAL	ISE OF DEATH.	etc.)	Street			of Jones Re	oad H	arford	Co
ZID HIVE	(Month) (Doy) (Yeor) (Hour) 2	TE. INJURY OCCURRED		W DID INJU		Jua, III	411014	00.
(APPROX.)	8 14 '65	, v	HILE AT NOT	WHILE X Dri			112		
22.	0 14 0)	A m. W	VORK AT W	ORK X DE	lver in	auto-truck	COLLI	sion.	
	tify that I held on Ir	nquiry 🔲	Inspection Aut	opsy z ond	that on thi	s bosis, death in n	ny apinion		
resu	Ited fram: Notural cas	uses A	ccident Suicide	Homicle	te 🗆 u	Indetermined monne	er		
			1 1		DICAL EX				
ACTUA	L (1) (.	. 1	1/-					DATE SIG	NED
SIGNAT	URE	illes	1 celly M.D.					8/26/6	5
EXAMIN	VER'S Charles	C Dott	M D	ASSOCIATE ME	EDICAL EX	AMINER		0/20/0.	
NAME (C. NAME of CEMETERY of	CREAMATORY	220 14	OCATION (City,	, town, or co	auntul /	Stote)
REMOVAL (Specif	y)						lown, or co	rottly) (31016/
TITANSIT-	BURIAL 8-29	-65 /	Ut SINAI-	DRANGE C	10. OR	ANGE CO) 1	V.C.	
24A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C, FUNERA	L DIRECTOR		17.2 AT	DDRESS	
Alig	3 0 1965 1	a. 42.	Farkey M. a	MARS	HA II V	v. Jones,	135	HARF	CRS



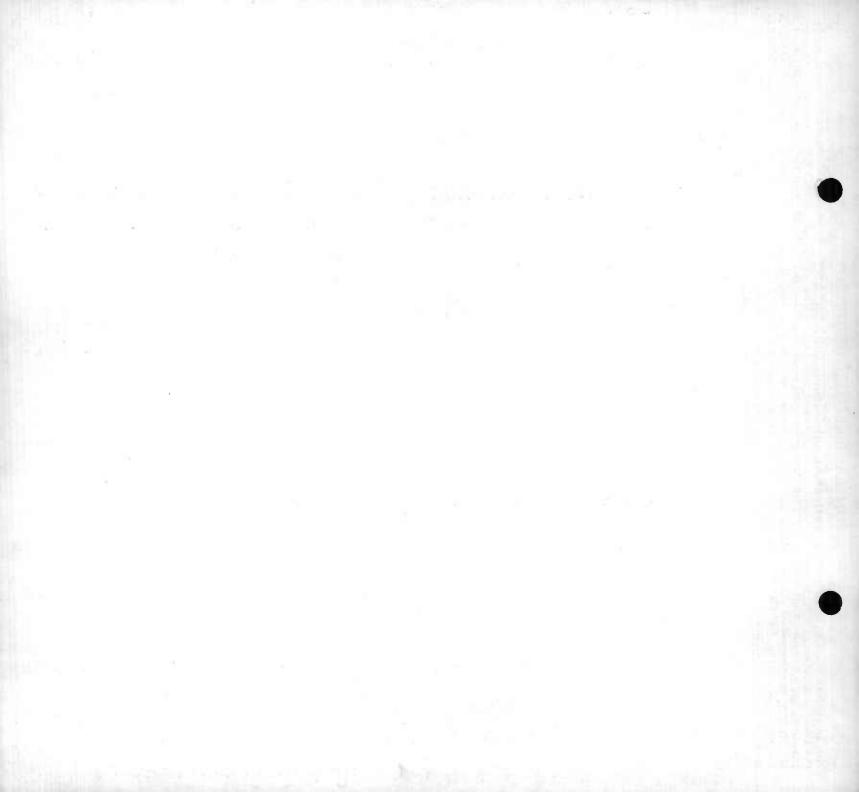
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121	0.7	0.4	NO.	

BIRTH NO.	MED	ICAL E	AMINER 3 C	EKTIFICA	IE OF	DEATH Regis	itered No	170	
M.E. CASE NO.		21 1 23							
1. NAME OF DE	ECEASED				2. DATE AN	D HOUR PRONOUN	ICED DEAD		
		LOREN	W. GRUBE			8/24/65	132.55	1	a. M
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	A. STATE	ENCE (Where	doceosod lived. If in B. C	nstitution: resid	denco beforo	odmis sior
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		ryland	a annual Costa	-in- Bilbal -	- A	. 1.123
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TO	VVIN (IT OUTSIG	e corporate limits, w	MITO KUKAL OI	na give town	snip/
				1	altimor			1 de	101
7	0 ** ** **		731	D. STREET ADD	RESS (If rurol,	, give location)			
	2 W. Uni			1	9 W. 29	th St.	132 (1.7		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	H	9. AGE (In year	Months	r 1 Yr. If Und Doys Hour	Jor 24 Hrs
male	white	Parr	The state of the s	Sept. 1,	1917				
	CUPATION (Give kind of world working life, even if retired)					gn country)	12. CITIZ	EN OF	2
Dentist	working life, even if retired)	Vental	Profession	Indian	2		USA		3777
13. FATHER'S NA				14. MOTHER'S M	AIDEN NAM	E			
Jaco	b Gruber			Cla	pie (?	1			
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	INFORMANT	III Č	3///	ADDRES		
A 0	(If yes, give wer or dete	S OI SOIVICOI	JECORITI NO.	I'VOS. LONG	en w. y	ruber 3119		ora ni	M.I
No. 118.	None		CALLER	OF DEATH			Baltimo	INTERVAL	PETAMEEN
1 E 7	77X1		CAUSE	OF DEATH			W	ONSET AN	
DISEA	ASE OR CONDITION DI								
	LEADING TO DEATH		Stab wo	und of le	ft temp	le	25 100		
heart failur	not moon the mode of o, asthonia, etc. Il maons	the discoso,	DUE TO	3		***************************************			
injury or c	omplication which caused	deoth.)							
	ANTECENDENT CAUSE	S					5		
	OR CONDITIONS, IF A		DUE TO	••••••••		***************************************		10000 0 ~ ~ 0 0 0 1 1 1 1 1 1 1 1 1 1 1	
UNDERLY	HE ABOVE CAUSE (A) S'ING CONDITION LAST.	IATING THE							
Z			(C)			***************************************	,		*******
) I	li li	13 Town			V-11-11-11	43 M	4-6-6		
OTHER SIG	GNIFICANT CONDITIONS DEATH BUT NOT RE								
DISEASE (OR CONDITION CAUSING	G IT.	140000000440000040000000		• • • • • • • • • • • • • • • • • • • •				
OTHER SIGNATION OTHER SIGNATIO	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE			
_ 04/				yes		yes			
UNDERLYING	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. \office bldg, INJUR	WHERE DID Y OCCUR?	(If in Boltimore City,	give exoct lo	ocotion)	
UNDERLYING UTING CA	OR CONTRIB-	etc.)	office			sity Pkwy			
21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED		OW DID INJ				
OF INJURY (APPROX.)	8 24 65	2	WHILE AT NOT	WHILE T RT. AT	bed sel	f in head			
22.	0 24 0)	* m. \	WORK L AT W	ORK POUL	7504 50-				
	ertify that I held an I	nquiry 🗌	Inspection Au	tapsy 🗶 an	d that an th	is basis, death in	n my apinio	n	
resu	ulted fram: Natural ca	uses A	Accident Suicid	e X Hamici	ide 🗌	Undetermined mar	nner		
			1-1	CHIEF M	EDICAL EX	AMINER -			
ACTUA	AL IME.	eu.	6 1	ASSISTANT M				DATE SI	IGNED
SIGNA			(M.D			- Incomed	8/24	165	
EXAMI NAME			1 2	ASSOCIATE N	MEDICAL E.	XAMINER	0/ 24/	, 0)	
23A, BURIAL CR	St bear	I. Spitz	C. NAME OF CEMETERY	CREMATORY	23 D. 1	OCATION (C	ity, town, or o	county)	(Stote)
REMOVAL (Spoci	ify)	23							
(remati	the same of the same of the same of	, 1965	greenmount (e	metery		ltimone, M	rryland		
24A. DATE REC'I	D BY HEALTH DEPT.	1 0	OF REGISTRAR		AL DIRECTOR	7		ADDRESS	1711
All	G 30 1965 R	Sub E	, tarbey Ma	John L	xurs .	dons, Tows	الله الله		
VS 151- PEV 1/3	1/45			A) 3	17 1				
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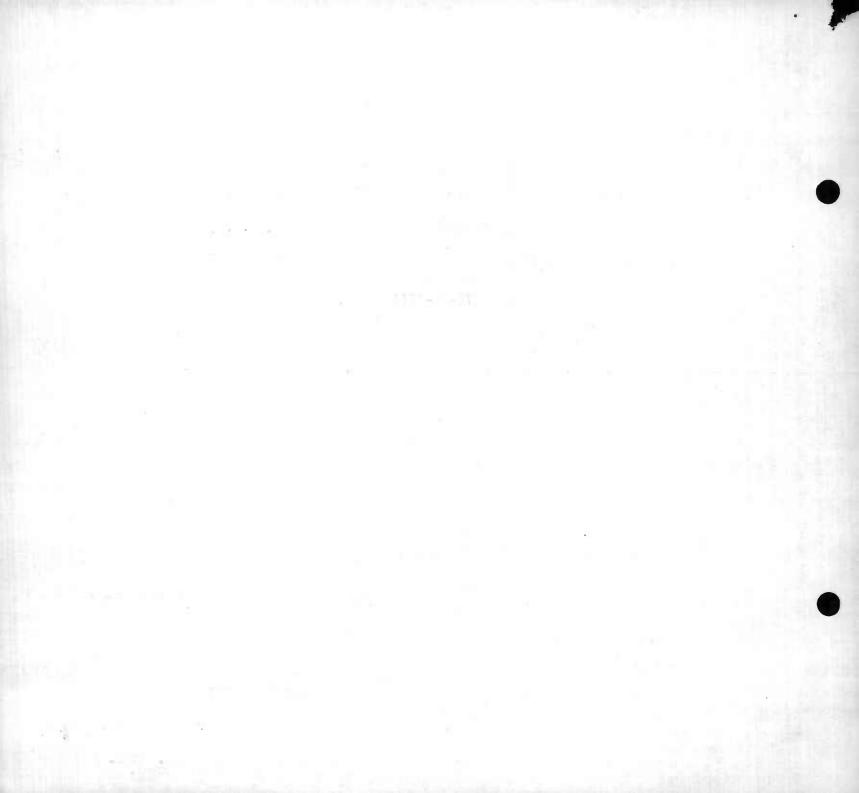
Worthal I sifestion . Indiana . and the large a large wife fair lang rome. Service of the Co. Acceptant the 20, 1167 Secreption Context I hillman free free Cont Then device some long

NAME OF DEC	EASED		2. DATE A	ND HOUR OF DEAT	Н
ype or Print)	Albert (.	Loeffler		st 22, 1965	
PLACE OF DE	ATH IN BALTIMORE MARYL	LAND	4. USUAL RESIDENCE (Who	oro deceased livad. If NTY	institution: residence before odmi
FULL NAME O	OF (If not in hospital or oddress or location)	institution, give stroot	Maryland	Baltimo	RE RURAL and give township)
INSTITUTION			Luthervi		o nonze one give township
Un	ion Memorial Ho	pspital	D. STREET ADDRESS (If	South	
SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2. Months Doys Hours A
Male	White	Married	July 17. 1909	56	Williams Doy's Floors A
one during most of	working life, even il retired)	B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
Salesman	. 04	lgr. Representative	Pennsylvania	Z	USA
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
	C. Loeffler		C. Estella Sx	taub	
es, no or unknows	Ever in U. S. Armed Forces n) (If yes, give wor or dates o	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None	1000	Family records		
18.42	0,/1	CAUSE O	F DEATH	7.5	INTERVAL BETWEE
DISEA	SE OR CONDITION DIRECT				
	nol meon the mode of dy	ying, e.g., DUE TO	tricular fibril	lation	30 min.
	asthenia, etc. It means th	e disease			
injury or cor	application which coused de	eath.)	cardial Infarct	ion	80 min.
injury or cor	mplication which coused de ANTECEDENT CAUSES	(B) Myo	cardial Infarct	ion	80 min.
DISEASES (nplication which coused de ANTECEDENT CAUSES OR CONDITIONS, if on the obove cause (A) st	eath.) (B) Myo DUE TO	cardial Infarct		80 min.
DISEASES (nplication which coused de ANTECEDENT CAUSES OR CONDITIONS, if on	eath.) (B) Myo DUE TO	4		
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DISEASES (rise lo lh UNDERLYIN OTHER SIGN TO THE DID DISEASE OR 19A-DATE OF 19A-DATE OF 19A-DATE OF INJURY (APPROX.) 21. L certify that (I) (we) and hour on 23A. SIGNATION 19A-BURIAL CREREMOVAL (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if only the obove cause (A) standard conditions (A) standard conditions conditions conditions conditions conditions causing it. FOPERATION 198. CONDITION CAUSE OF modical examiner (Month) (Doy) (Year) (Conditions) (198. Conditions) (Month) (Doy) (Year) (Conditions) (Month) (Doy) (Year) (Month) (Mont	White At Not White At Work Difference of the deceased from alive on 8/22 Hobove. (I) (We) (did) (1/20) V NTRIBUTING 1218. PLACE OF INJURY (e.g., in homo, lorm, foctory, street, of etc.) White At Not White At Work At Work M.D. Atternation of the control o	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 19 65 ond the liew the body ofter deoth. 23D. ADDRESS 25 W Pa AV	ODE OF TOWSON	ge Findings Considered Causes of Death? fore City, give exect lecetion) 22 1965 pinion deeth occurred on the 238, DATE SIGNED 8/24/65 Md. 21204
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5200	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 8919
BIRTH NO. 65 8010	CERTIFICA	TE OF DEATH Registered No	
NAME OF DECEASED		2, DATE AND HOUR OF DEAT	Н
	ANETTE M.		
. PLACE OF DEATH IN BALTIMORE, MARY	LAND	AUC-UST 27,1	institution: rosidonco before odmissi
		A. STATE B. COUNTY	N 04
FULL NAME OF (If not in hospital or HOSPITAL OR address or location)	institution, give street	C. CITY OR TOWN (If outside city limits, write	100111
INSTITUTION			E KOKAL ONG GIVO TOWNSNIP!
SINAI HOSPITAL O	F BALTIMORE	BALTIMORE D. STREET ADDRESS (If rurol, give location)	95.00
****		6938 BROOKMILL	2010 hots
SEX 6. RACE 7	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 h
The state of the s	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Days Hours Min.
FEMALE WHITE DA. USUAL OCCUPATION (Give kind of work)	PARKIEL	MAY 13, 1916 49 Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ane during most of working life, even if retired)			WHAT COUNTRY?
HOUSEWIFE	AT HOME	WASHINGTON, D.C.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CHARLES ALFRED SI	FF	DOROTHY GOLDBERG	
. Was Decoased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give wor or dates	of service) SECURITY NO. 212-20-7711	MR. SIDNEY SACHS 6938 1	BROOKMILL RD
110			
3431		OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRE		ENCEPHALITIC	21 DAYS
(This does not mean the mode of o	lying, e.g., DUE TO	ENCEPHACITIS	21 0013
heart failure, aslhenia, etc. Il means Il injury or complication which caused d	ne diseose,		
	180		
ANTECEDENT CAUSES	DUE TO		0.00.00.00.00.00.00.00.00.00.00.00.00.0
DISEASES OR CONDITIONS, if or	and the state of t		
UNDERLYING CONDITION last,	(0)		
- 11			
OTHER SIGNIFICANT CONDITIONS CO			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHERE DID (If in Boltimoffice bldg., INJURY OCCUR?	ore City, give exact lacation)
DEATH Inetify medical examiner)	etc.)		
21D. TIME Month) (Day) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E OF INJURY	While At Not Wh	ile	
	Work L At Work		
22. I certify that (I) (this hospital)	attended the deceased from A	UCUST 10 1965 to A	
that (I) (we) lost saw the deceased	alive on AUG-UST ?	27 19 65 ond that in (my) (our) o	plnion death occurred on the
ond hour and from the causes state	d above. (I) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE			238, DATE SIGNED
That I 7 m.	M.D. At	tending Mod. Stoff	1 722 101
23C. PHYSICIAN'S	war in	23D. ADDRESS	august 27, 196
NAME ITYPE HERBERT FELLE	DAIAN	LYLLDSON LYNLS	
4A. BUTTAL SPENIATION, 24B. DATE	24C. NAME of CEMETERY or CI		City, town, or county)
BURIAL 8/29/6	5 OHEB SHOLOM	ANACOSTIA,	WASHINGTON, D. C.
	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 30 1965 A	P. R. E. Jankan	Sol Levinson & Bros	s. Inc.
'S 150-REV. 1/1/65	24 2 2 2	6010 Reisterstown	MORU.
13 130-RE4. 1/1/03			



VS 150-REV. 1/1/65

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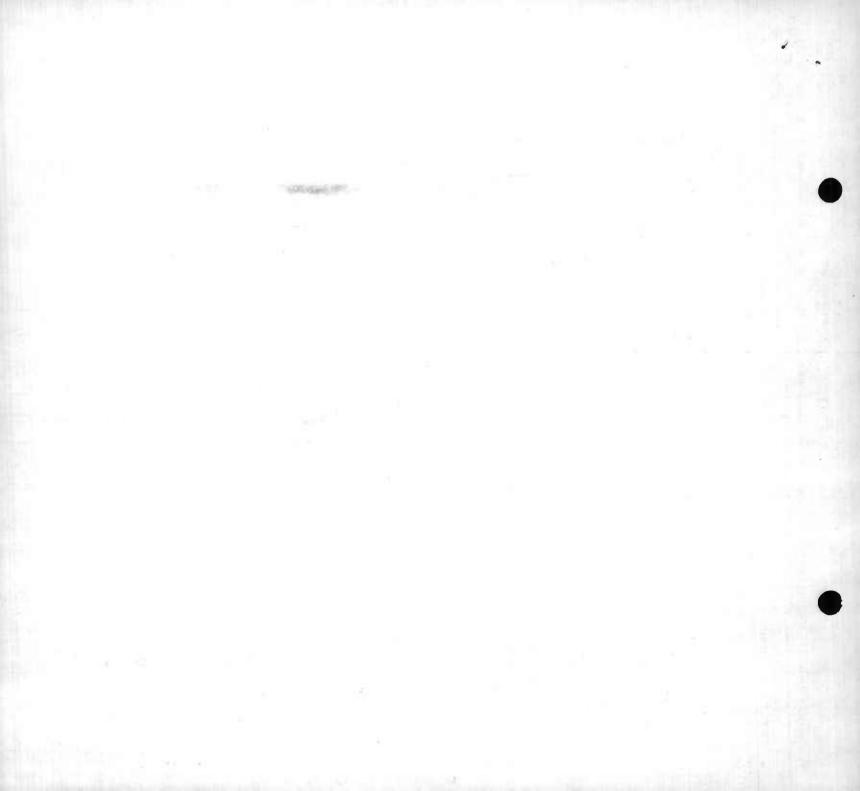
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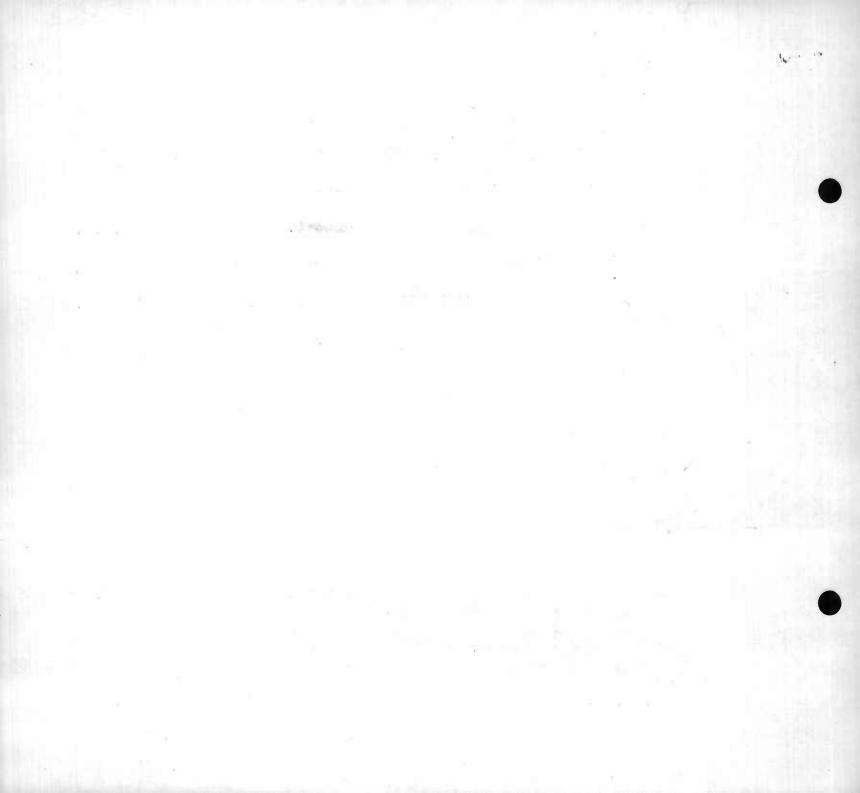
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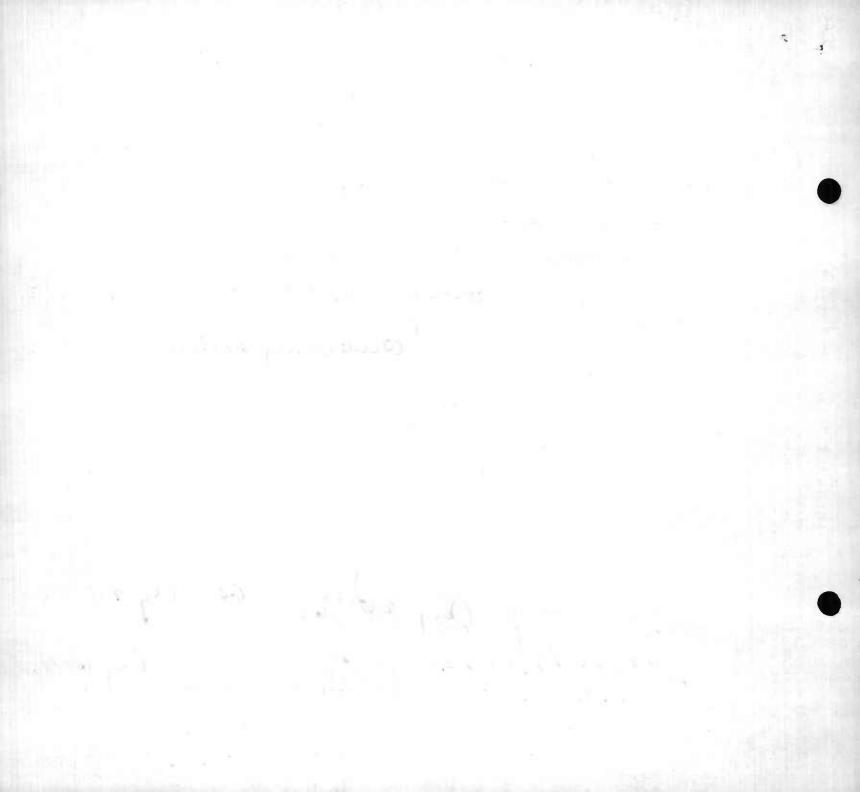
BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If autside city limits, write RURAL and give township) LYNVIEW Ave. # 15 If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS 5500 Lynview live# 15 INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) (City, town, or county) BALTIMORE, MARYLAND SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD



PI	2		BALTIMORE CITY	HEALTH DEPARTMENT		CF 9000
BIRTH NO.	65 892	2	CERTIFICA	TE OF DEATH	Registered No.	65 8922
AL CASE NO.	TEASED.	-			ND HOUR OF DEATH	
T D ()	LORA PEAR					
	ATH IN BALTIMORE, MA	RYLAND		MUSUAL RESIDENCE (Wh	ere deceased lived. If it	5 2 P. M nstitution: residence boforo admission)
				A. STATE B. COU	NTY	is in the interior botton damps story
FULL NAME		or institution, give str	eet	Maryland		15-11
HOSPITAL OR	address or location			C. CITY OR TOWN (If o	utside city limits, write	RURAL and give tawnship)
	Baltimore			Baltimore		
	4940 East				rural, give location)	W
	Baltimore	, Marylan	id,21224	3301 Dorit	han Road,	#21215
. S EX	6. RACE	7. MARRIED, NEVER		B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths; Doys Hours Min,
Female	White	Widow	VRCED (Specify)	1-6-94	71	
		108, KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
	working life, even if retired)			A		WHAT COUNTRY?
3. FATHERS NA		Home		Maryland	AAE	U.S.A.
STAINERS NA						
	Samuel Ba	llig		Goldie Goldz	weig	
5. Was Deceased	Ever in U. S. Armed For	es? 16. SC	CURITY NO.	17. INFORMANT		ADDRESS
	, , , , , , , , , , , , , , , , , , ,		/14/6284	DECODDS . DOIL	LOLO BAC	MEDN AME #04.00
18. 10 1	1 0 1	210	CAUSE O	RECORDS: BCH	, 4940 EAS	INTERVAL BETWEEN
1777	SE OR CONDITION DIR	FOTIV	CAUGE O	, otalii		ONSET AND DEATH
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(This does	nat mean the made of	dying, e.g.,	DUE TO	astasis Sarc	oma	2 months
heart failure,	asthenia, etc. It means application which caused	the disease,				
		decin,,	(B)			
	ANTECEDENT CAUSES		DUE TO	190 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 		
	OR CONDITIONS, if a bave cause (A)		(6)			
	G CONDITION lost.	Jienny me	(0)		••••••••••••••••••••• ••••••••••••	
	11					
O OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING				
OTHER SIGN TO THE D DISEASE OR	CONDITION CAUSING I	TED TO THE				
19A.DATE OF	F OPERATION 198. CON	DITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yos at N	a) 208. IF YES, WERE	FINDINGS CONSIDERED
	WAS FERI	ORIVIED		Yes	Yes	OSES OF DEATH:
U 21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE	OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?		e City, give exact location)
DEATH (notify	y modical examiner)	otc.)	, factory, street, o	mice blug., INJORI OCCOR:		
21 D. TIME	(Manth) (Doy) (Year)	(Hour) 21E INJUI	RY OCCURRED	21 F. HOW DID IN	LURY OCCUP?	
OF INJURY	111011111111111111111111111111111111111	While At p				
(APPROX)		Work	At Work			
22. I certify	that (1) (this hospital) attended the dec	eased from	lugust 16.	19 6510 Aug	ust 25. 19 65
that (I) (we) lost sow the decease	d olive on Aug	cust 25.	1965 ond 1		inion death occurred on the dot
23A. SIGN. 11		ed 000ve. (I) (we)	(did) (did libi) V	riew the bady after death.		23B, DATE SIGNED
	1 144.	~	M.D. Atte	onding Med.	Stoff etc.	
	1/10	1114	Phy	s. Director	Stoff Phys.	AUGUST 25,196
23 C. NHYSI	Type)			23D. ADDRESS		
TUR	K. J. MCCA	RTHY/	M.D.	4940 EASTERN	AVENUE E	BALTO., MD.,2122
24A. BURIAL CRE	MATION, 248. DATE	C. NAME of	CEMETERY of CRI	1 / 10 20200 2021		ity, town, ar caunty) (Stote)
REMOVAL	(Specify)					
BURIAL	8/26/65		r Thiloh C		Baltimore,	
25A. DATE REC'D	AUG 30 1965	25B. NAME OF REG	STRAR	25C. FUNERAL DIRECTO		ADDRESS
	40 0 0 1300	Ulasser CE	Various !!	SOL LEVINSON	& BROS INC.	6010 Reist Rd.
/\$ 150-REV. 1/1/	65			0 . 0 .		



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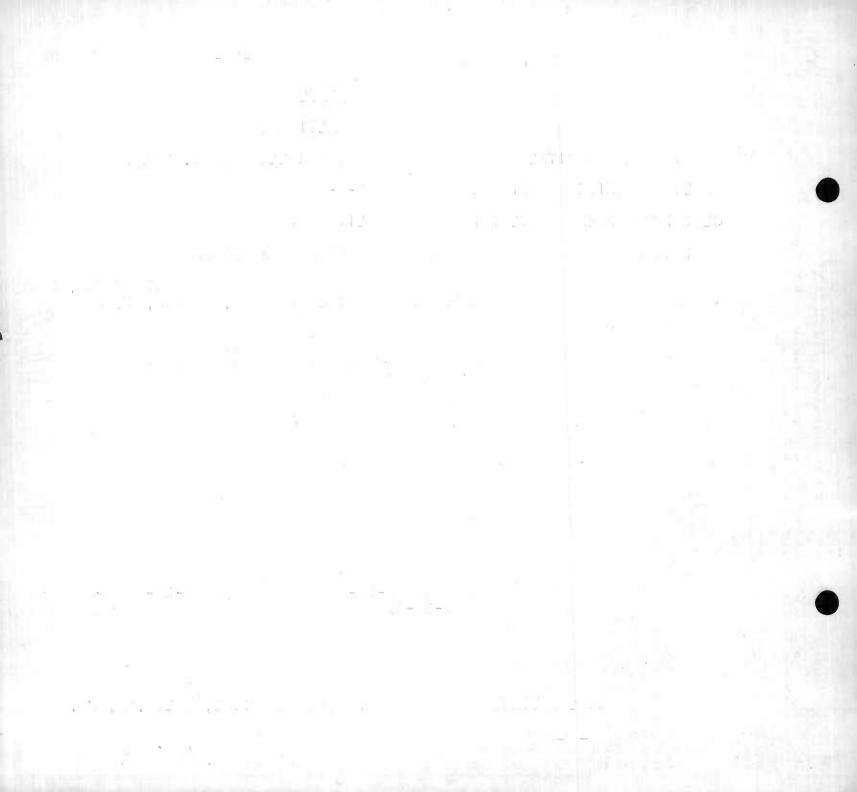
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BALTIMORE CITY HEALTH DEPARTMENT

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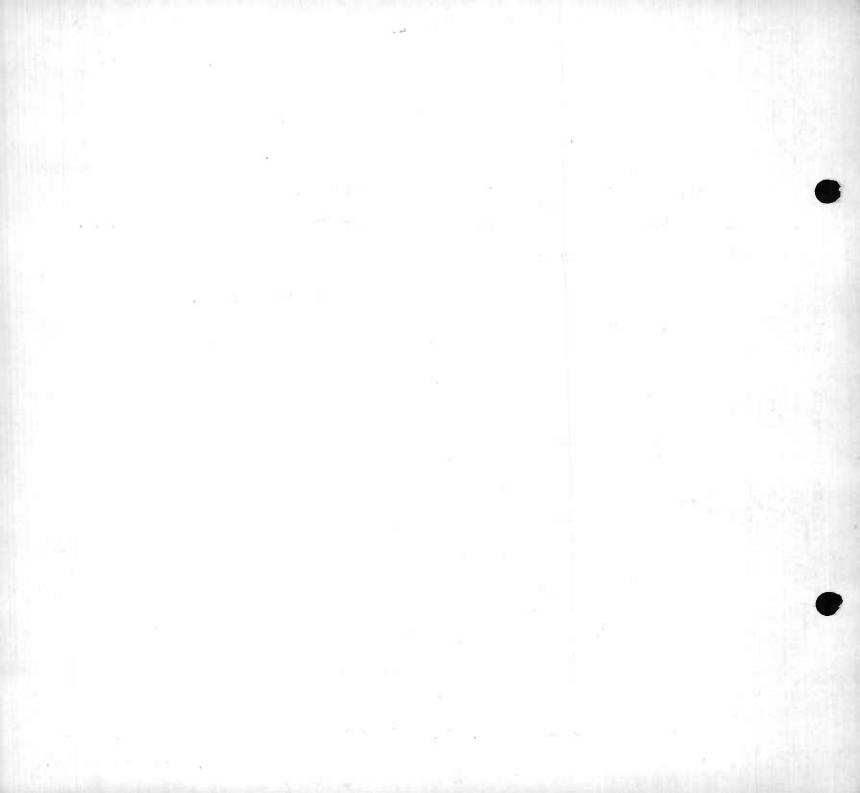
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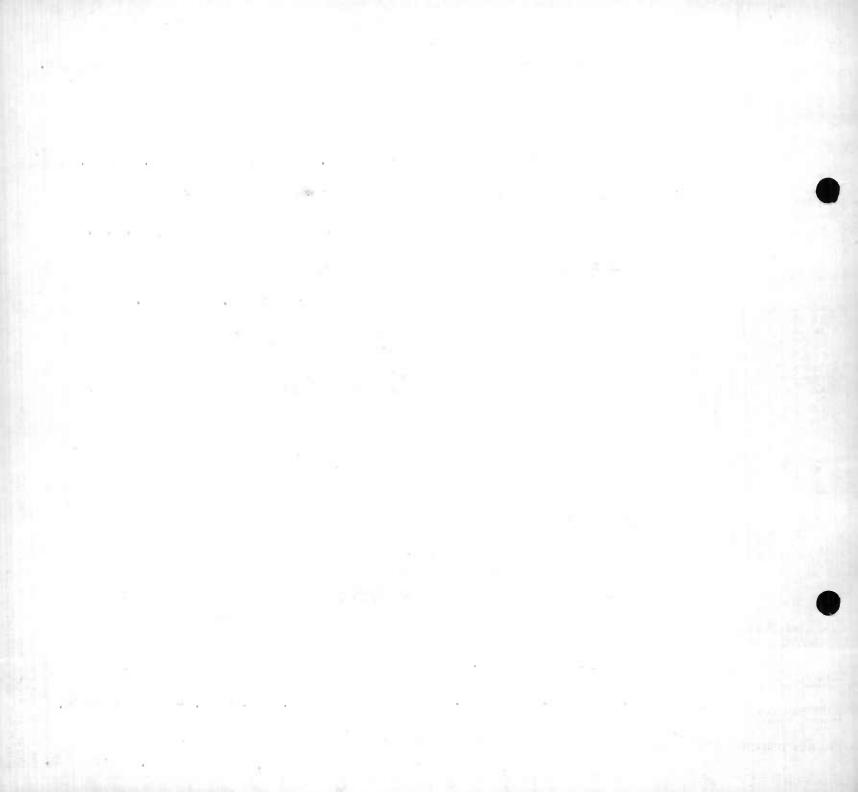
DIRECTOR:

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0	620)	-,		HEALTH DEPARTMENT		65 89	197
	H NO.	55 892		CERTIFICA	TE OF DEATH	Registered No.	00 00	15.1.
, N	AME OF DECEA	SED				AND HOUR OF DEATH		
Ab	H	enry A. I	Dorries		Augu	st 26, 196	5 8:10	PN
FL H	LACE OF DEATH	I IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (WILL A. STATE B. COU	nere deceased lived. If i	institution: residence befo	ore odmission)
	ULL NAME OF OSPITAL OR ISTITUTION	(If not in hospita oddress or locati	l or institution, (on)	give street	Maryland (1) c. city or town (1)	outside city limits, write	RURAL and give lowns	hip)
1		Baltimore 4940 Eas	e City :	Hospitals enue	Baltimore D. STREET ADDRESS	If rurol, give location)		
1		Baltimore	. Marv	enue land 21224 NEVER MARRIED	214 S. Cas	tle Street	21231	
. 5	EX 6.	RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)		Jnder 24 Hrs.
N	lale	White		dowed	7-17-1893	72	IVIONIIIS DOYS HOUSE	13 1711116
ióλ.	USUAL OCCUPA	ATION (Give kind of we	rk 10B, KIND OF	BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTR	wa.
	Retired	king life, even if retired	Produc	e Business	Pennsylva		U. S. A	
13. 1	ATHER'S NAME				14. MOTHER'S MAIDEN N.	AME		
			Dorries		Wilhelmina V	Vilhelm		
S. V	Vos Deceased Ev	er in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
105	No	yes, give wor of do	ies of service)	213-01-2647	RECORDS: BC	H LOLO FOR	tonn Arrons	0 2722
[1B. 1 1 17				F DEATH	n 4940 Las	INTERVAL B	
	10001	OR CONDITION D	IDECTI V	CAUSE	, DEATH		ONSET AND	
		ADING TO DEATH		Recn	iratory Arro	c+		
	(This does not	mean the mode of	of dying, e.g.,	DUE TO	iratory Arre	D U		
		thenia, etc. 11 mean cation which couse						
		TECEDENT CAUSE		(B) Met	astasis			
		CONDITIONS, if		DUE TO				
	rise to the	abave cause (A		(c) Bro	nchiogenic Ca	arcinoma	00 00 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0	
	UNDERLYING (CONDITION last.						
MOIL	TO THE DEA	ANT CONDITIONS TH BUT NOT RE	LATED TO TH	G E				
Q.		PERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Yes or I	Noll 20B. IF YES WERE	FINDINGS CONSIDERE	D
CERTIFIC	21	WAS PE	RFORMED		20 A. AUTOPSY? (Yes or I		AUSES OF DEATH?	
CER	21A. ACCIDENT	WAS UNDERLYING	21 B	PLACE OF INJURY (e.a	Yes	Yes (If in Boltimo	ore City, give exact locat	tion)
_	OR CONTRIBUTION	WAS UNDERLYING	hom etc.		in or obout 21C. WHERE DID			
2		Aonth) (Doy) (Yeo		INJURY OCCURRED	21F. HOW DID IN	IIIIax Occurs		
	OF INJURY	TOOM (100)		ile At Not Whi		TORT OCCUR:		
	(APPROX.)	7	Wo	rk At Work			Transition I	
					gust 5,		gust 26,	
					19.65 ond			
					view the bady after death			
	23A. SIGNATURE				,,		23B. DATE SIGNED	
	5	DK	.0.		ending Med.	Stoff Phys.	August 2	6 106
	23C. PHYSICIAN	5	-ac	Phy	23D. ADDRESS	rnys, 🔼	August 2	0, 190
	23C. PHYSICIAM: NAME (Type		75					
			Kreid		TYTU Laster	n Avenue B	alto., Md.	21224
24A	REMOVAL (Spe	cify) 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county)	(State)
	Burial	8-30-	1965 Mt	. Carmel	Ba	altimore, Mar	ryland	
25A	DATE REC'D BY	HEALTH DEPT.		OF REGISTRAR	2SC. FUNERAL DIRECTO	O R	ADDRES	
	AUG	3 0 1965 (1.0 . B. 9	Far Butten	Lilly & Zei	ller Inc.	1901 Eastern	Ave.
=	SO-REV. 1/1/65	0 0 (SULLY C	The state of the s	# 6 · · · · · · · · · · · · · · · · · ·	4		
	300 RE V. [/ 1/03		4					

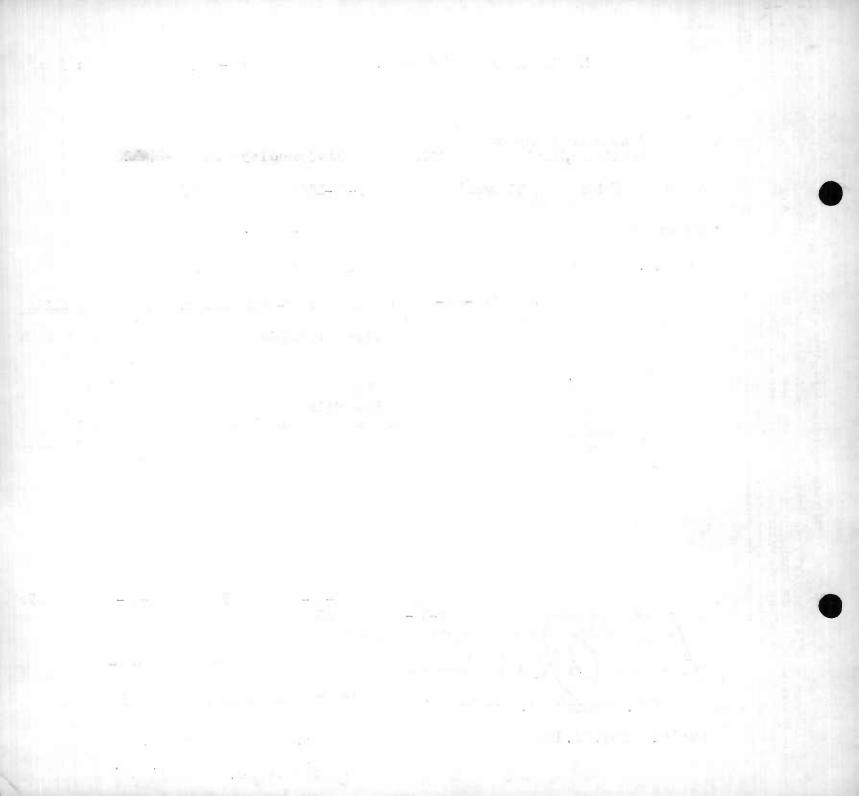
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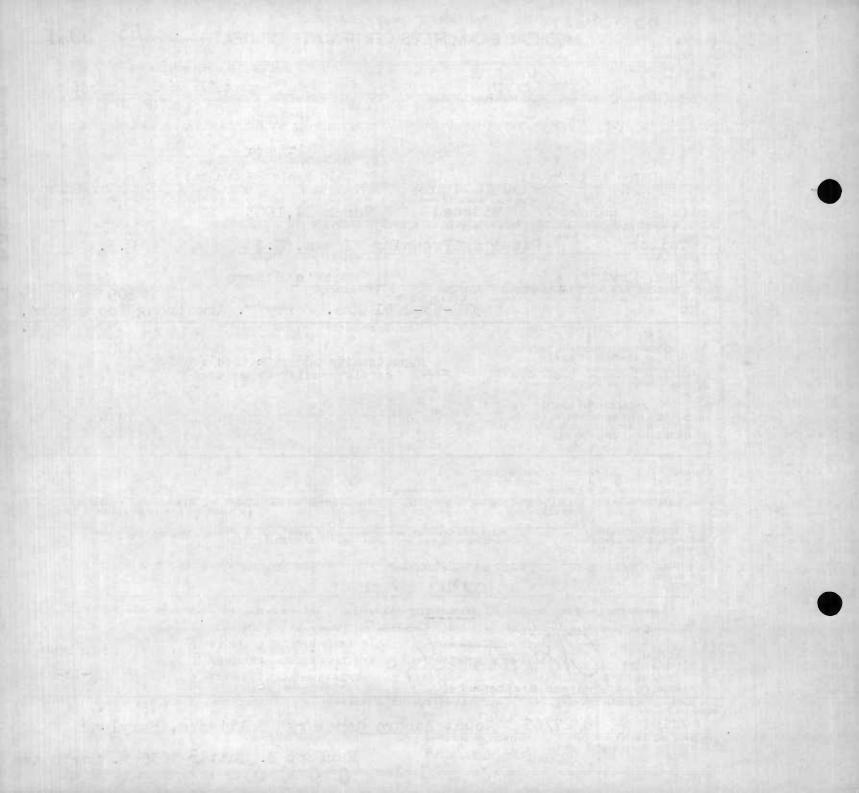
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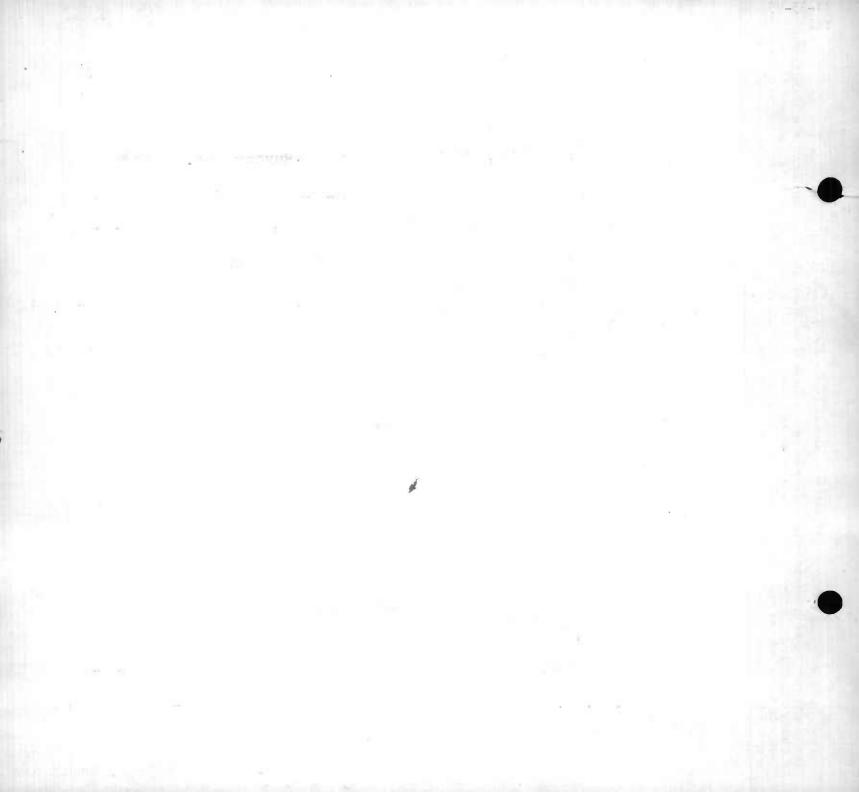
BALTIMORE CITY HEALTH DEPARTMENT

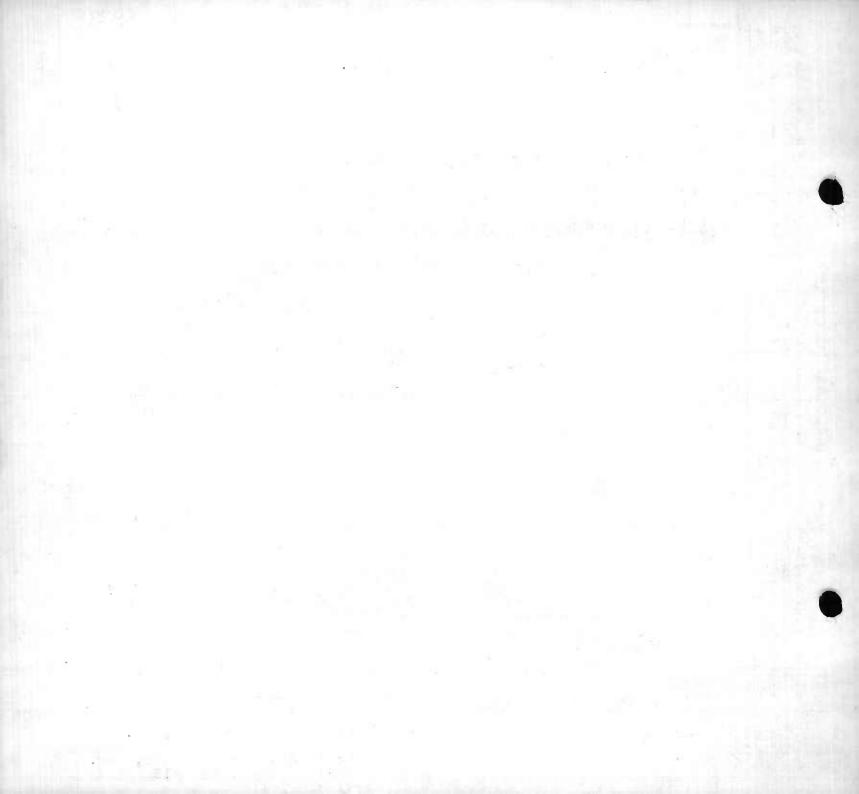
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NS.5 8931

M.E. C.	ASE NO.									
1. NAN	AE OF DE	CEASED		1.			2. DATE AN	D HOUR PRONOUNC	ED DEAD	
				ERVIN			Aug	gust 27, 196	55	3:15 p M.
3. PLAC	E IN BALT	IMORE, MAI	RYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceased lived. If ins	titution: resid	lence before admission)
FULL N HOSPITA	AME OF AL OR TION		IN HOSPITA		TUTION, GIVE STREET		Maryland R TOWN (If outsid	e corporate limits, write		d give township)
						D. STREET	Baltimore ADDRESS (If rurol,		1) -	06
	1610	Poplar	Grove	St.		161	O Poplar (Grove St.		
5. SEX		6. RACE			DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
ma:			ored	W	idowed	March	14,190	62		
done dur	ing most of	working life, ev		_	OF BUSINESS OR INDUSTRY		ACE (Stote of foreig	in country)		T COUNTRY?
	railo			Clean	ing&Pressin		nan, S.C		U.	S.A
	HER'S NAN					14. MOTHE	S MAIDEN NAM	E		
		Ervin		THE PARTY NAMED IN			ttie Sta	ggs	1000	
		D EVER IN L			16. SO CIAL SECURITY NO.	17. INFORM	ANT		ADDIES	9 Park Blv
N	0				579-03-288	Mrs.	Jerry 1	M. Armstr	ong M	oorestown,
18.	44	GX			CAUSE	OF DEATH		The -	P-12-1	ONSET AND DEATH
	DISEA	SE OR CON	DITION DI			6 0.0				
l fi	eort foilure,	not meon the osthenio, etc mplication who	e mode of	dying, e.g., the discose	NOTE TO STATE		scular di	riosclerotic sease		
		NTECENDE								
R	DISEASES	OR CONDIT	TONS, IF A	NY, GIVING		0.0000000000000000000000000000000000000				
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S I	O THE	NIFICANT CO DEATH BU' R CONDITION	ONDITIONS T NOT REL	ATED TO		· 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***********************			***************************************
CERT 19A				DITION FOR	WHICH OPERATION			208. IF YES, WERE FI		
OUNI	DERLYING	CAUSE W. OR CONTRI SE OF DEAT	B-	21 B. hom etc.	PLACE OF INJURY (e.g., ne, form, foctory, street, o	in or obout 2 ffice bldg., It	1C. WHERE DID	(If in Boltimore City, g	ive exoct lo	cotion)
OF	TIME INJURY PROX.)	(Month) (Doy) (Yeor		WHILE AT NOT WORK AT W	WHILE	IF. HOW DID INJU	JRY OCCUR?		
22.	I cer	ify that I h	eld an Ir		Inspection X Aut		and that an th	is basis, death In	my opinian	1
		ted fram: 1			Accident Suicid			Undetermined mann		
	ACTUA SIGNAT		1/8	rosti	wan & MD		F MEDICAL EX			DATE SIGNED
	EXAMIN NAME (ER'S	diger	Breite	enecker		TE MEDICAL E			8-27-65
	JRIAL CRE	MATION, 2	B. DATE		3C. NAME OF COMETERY O	CREMATO	RY 23 D. L	OCATION (City	, town, or c	county) (Stote)
Ві	urial		8/27/		Mount Auburr			altimore,	Mary:	land
	AUG :	BY HEALTH 3 0 1965			Failey M. D.		bert E.)35 W	. North Ave
VS 151	-REV. 1/1/	65			5 5 C	8	1116			

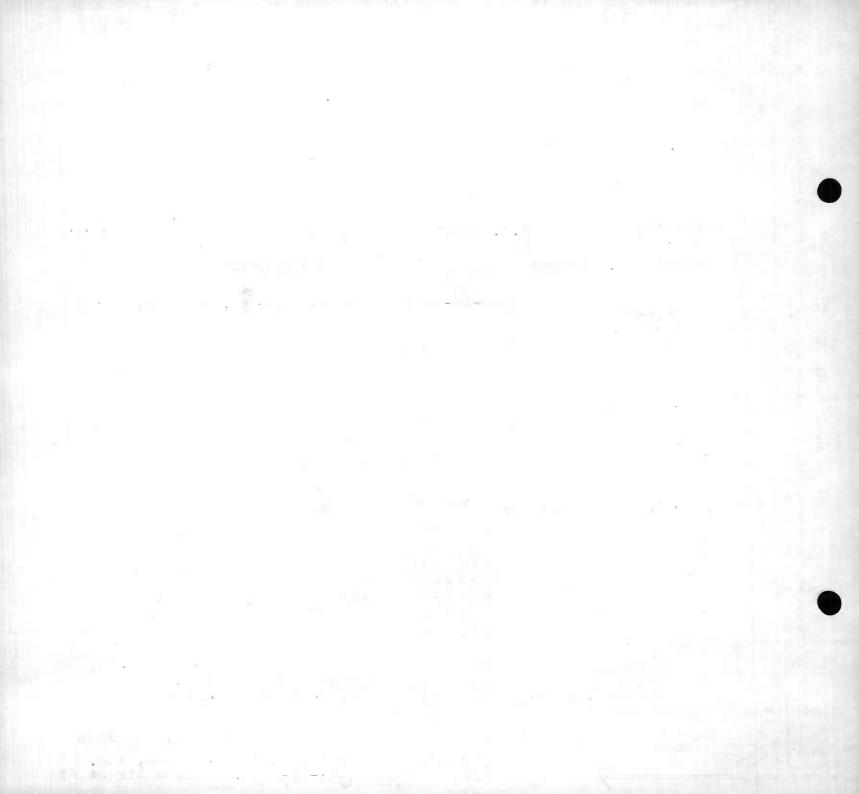


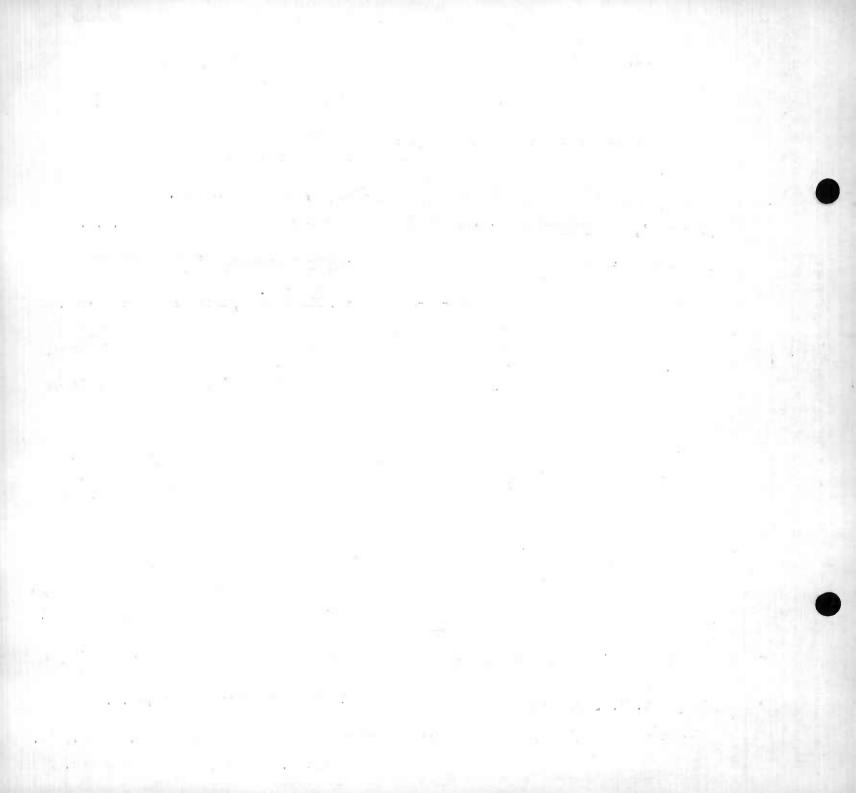
M.E. CASE NO. 1. NAME OF DI (Type or Print)		32 CERTIFIC	2. DATE AND HOUR OF DE	ATH
, ,		N	8/28/65	1:20
3. PLACE OF D	EATH IN BACHWORE W	ARYLAND	4. USUAL RESIDENCE (Where deceased fixed, A, STATE B. COUNTY	If institution; residence before o
FULL NAME	OF (If not in hospitol	or institution, give street	MARYT.AND	16-16
HOSPITAL OF	oddress or locoti	on)	MARYLAND C. CITY OR TOWN (If outside city limits, v	write RURAL and give township)
	BALTIMORE CIT		BALTIMORE	
	4940 EASTERN		D. STREET ADDRESS (If rurol, give locotion	
X		RYLAND, 21224	2826 Raynor Ave.	2
5, SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (in years lost birthdoy)	Months Doys Hours
FEMALE	NEGRO	MARRIED	11-23-30 34 TRY 11, BIRTHPLACE (State or foreign country)	
done during most	CUPATION (Give kind of wo of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?
Don	of working life, even if retired) nestic	Private Family	Baltimore, Maryland	U.S.A
13. FATHER'S NA			14. MOTHER'S MAIDEN NAME	
Joseph	Mitchell		Julia Barnett	
15. Wos Deceos	ed Ever in U. S. Armed Fo	orces? 16. SOCIAL	17. INFORMANT	ADDRESS
(1es, no or unknow	vn) (If yes, give wor or do	les of service) SECURITY NO.	DIRADDA BAY ACAC TAG	
18. /	7 A V I	CALISE	RECORDS: BCH 4940 EAS	TERN AVENUE - 21
	ASE OR CONDITION D			ONSET AND DE
3/32	LEADING TO DEATH		RCINOMA OF BREAST WITH	4 YEAR
(This does	nal mean the made a	f dying, e.g., DUE TO	DESPREAD METASTASES	
	implication which cause			
	ANTECEDENT CAUSE	S (B)		· · · · · · · · · · · · · · · · · · ·
	OR CONDITIONS, if	any, giving		
	he abave cause (A)	stating the (C)		
	П			
O OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING		
DISEASE O	DEATH BUT NOT REL	1T.		
= 0	WAS PE	NDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
10/30	HYPE	PHYSECTOMY (PAILIAT 21B. PLACE OF INJURY (e. home, form, foctory, street	TON) NO	timore City, give exact location)
, OR CONTRI	BUTING CAUSE OF	home, form, foctory, street	office bldg., INJURY OCCUR?	minore City, give exoct locotion)
U				
21D. TIME OF INJURY	(Month) (Doy) (Year		21F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Work At W	Vhile ork	
22. I certif	y that (1) (this hospita	ol) ottended the deceased from		8/28 19
that (I) (w	e) last sow the deceas	ed alive on	3/28/_19.65ond that in(my) (our)	
ond haur o	nd from the couses st	ated obove. (1) (We) (did) (did na		
23A. SIGNA		1		238, DATE SIGNED
	1 Anna	1216 M.D.	Attending Med. Sloff Phys. Director Phys. Tr	0 00 65
23C. PHYSIC	ANS	- William	23D. ADDRESS	8-28-65
NAME	TO TO 34	DAT MIZAKI M	D. DATETIONE CTEV	1010 7107
	EMATION, 248. DATE	BALTZAN 24C, NAME of CEMETERY of	BALLUMORE CITY HOSPITAL	- 4940 EASTERN A
24A. BURIAL CI	10			
REMOVAL		E Dollas	1.7	
Burial	9/1/6	Baltimore Na	tl. Cem Baltimore	Maryland
Burial		Baltimore Na:		Maryland



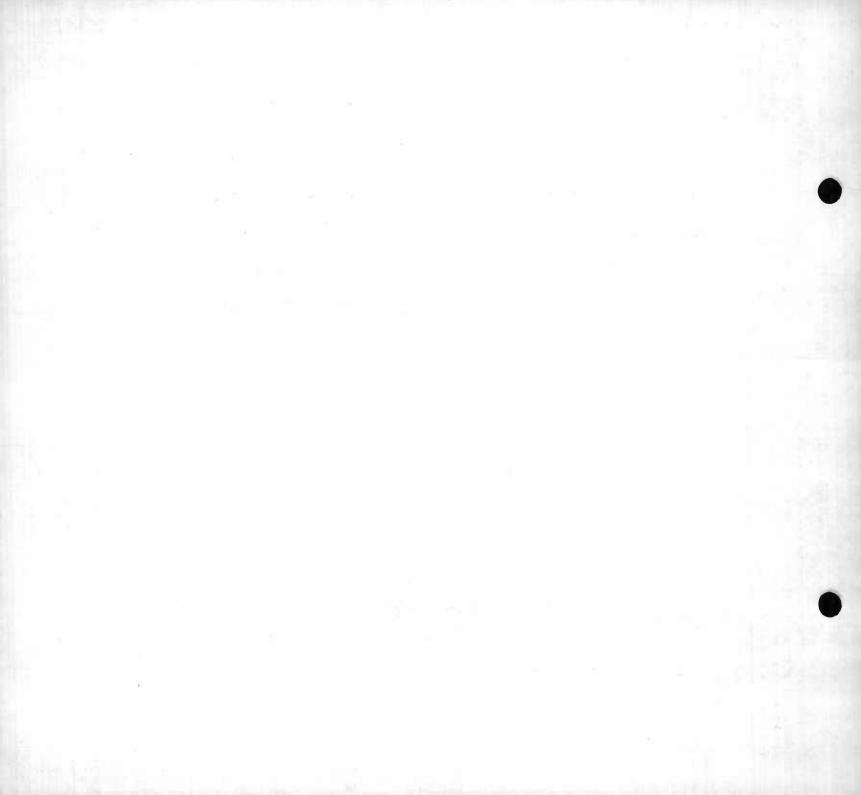


	65 893	4	BALTIMORE CITY	HEALTH DEPAR	TMENT	00	
BIRTH NO.	()0		CERTIFICA	TE OF DE	ATH Registered N	160 C	3934
N.E. CASE NO.	CEASED				DATE AND HOUR OF DEA		
Type or Print)	RYS. KA	THERTN	F.		August 27, 19	65	
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	1	4. USUAL RESIDE	ENCE (Where deceased lived, B. COUNTY		sidence before odmissio
				Md.	B. COUNTY	11-0	3
HOSPITAL OR	OF (If not in hospital address or location		, give street		N (If outside city limits, wr	rite RURAL and	nive township)
INSTITUTION				Baltim		IIIO NONZE GIIO	give learning/
C+ I	oseph Hospita	1		D. STREET ADDR)	
50. 0	oseph nospica.	L		723 N.	Belnord Avenue	2120	5
SEX	6. RACE	7. MARRIEI	D, NEVER MARRIED	B. DATE OF BIRTH		If Under	1 Yr., If Under 24 Hi Doys Hours Min.
Female	White		ED, DIVORCED (specify) Married	6/13/07	7 lost birthdoys	Months	Doys Hours Min.
		1	OF BUSINESS OR INDUSTRY			12. CITI2	EN OF
done during most of working life, even if retired)			36 3			AT COUNTRY?	
ailorin		T.I.	Swartz	Maryland			U.S.A.
FATHER'S NA	ME			14. MOTHERS M.	AIDEN NAME		
rederic	ck E. Buehne	er		Katheri	ne Hakel		
Wos Deceose	d Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
, a, no or unknow	703, give wor or dore		SECURITY NO. 20-14-9565	Change	D. D. 11		a la como
18. 4 2	-0.04	66	CAUSE 0		es Rye , Hust		Above
	3.7		CAUSE O	PUEAIN			ONSET AND DEATH
DIZEN	SE OR CONDITION DIE	RECTLY	Gone	analizad a	a wad wawa bu at a		
(This does	not mean the made of	dying, e.g	., DUE TO	srailzed G	arcinomatosis		
heart failure	, osthenia, etc. It meons mplicotian which caused	the diseos				24	
injury or co	ANTECEDENT CAUSES		(8)				
DISEASES			DUE TO				
	OR CONDITIONS, if above cause (A)						
	G CONDITION last.		***************************************		J0000000000000000000000000000000000000		
	11						
	DEATH BUT NOT RELA						
	CONDITION CAUSING	IT.					
Aug. 2,	1965 198. CON	IDITION FOR FORMED	Revision of	No.	? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	CAUSES OF	CONSIDERED DEATH?
21A. ACCIDI	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	or obout 21 C. WH	ERE DID (If in Bolti	imore City, give	e exoct locotion)
DEATH (notif	UTING CAUSE OF y medical examiner)		c.)	ice biag., INJURT	occok:		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21E. HO	W DID INJURY OCCUR?		
OL HATOKI			/hile At Not Whil		N DID MIJORI OCCOR.		
(APPROX.)		W	/ork At Work				
22. I certify	y that (1) (this hospital	l) attended	the deceased from	8/2	19 65 to	8/27	19 65
that (I) (we) lost saw the decease	ed olive an	8/27	19 65	ond that in (my) (our)		h occurred on the d
and hour or	od from the couses sta	ted above.	(I) (We) (did) (did not) v	faw the hady aft	er death		
23A. SIGNAT		1	(1) (110) (010) (010 1101) (100 110 0009 011	er deom;	23 B. DAT	E SIGNED
10.0	0. 1	1. 1	M.D. Atte	ending Me	ed. Stoff		
VNe	unico C.	enu			ector Phys.	Aug	27, 1965
NAME (23D. ADDRESS	Jan 23 - 61 - 61	1015	
Mel	encio A. Vent	ura, M.	D . M.D.	1400 N • (Caroline St., 2:	1213	
A. BURIAL CR		24C.1	NAME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, lown, o	r county) (Stole)
Burial	8/30	65 L	oudon Park	emetery	Baltimore	o Mari	bhaa
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL		e, Mal	ADDRESS
AUG 3		E 0 7	C. O	Schimu	inek Funeral I	Home,	Inc.
	المالاد	N CAN	Called III	260110	3+05) E. Madi	son St	reet #5
S 150-REV. 1/1.	700						









218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? 1123 McDonough St.

UTING CAUSE OF DEATH. 21 D TIME (Hour) (Month) (Doy) (Year) OF INJURY WHILE AT (APPROX.) 2.20a

Street 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

NOT WHILE Shot

Inquiry Inspection Autopsy X I certify that I held an resulted fram: Natural causes Accident

Sujoide Hamicide X CHIEF MEDICAL EXAMINER

Undetermined manner

and that an this basis, death in my apinion

M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

8-29-65

NAME (Type) Rudiger Breitenecker 23A, BURIAL CREMATION. 23B. DATE REMOVAL (Specify)

22.

ACTUAL

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

23C. NAME of CEMPTERY OF CREMATORY

23D. LOCATION

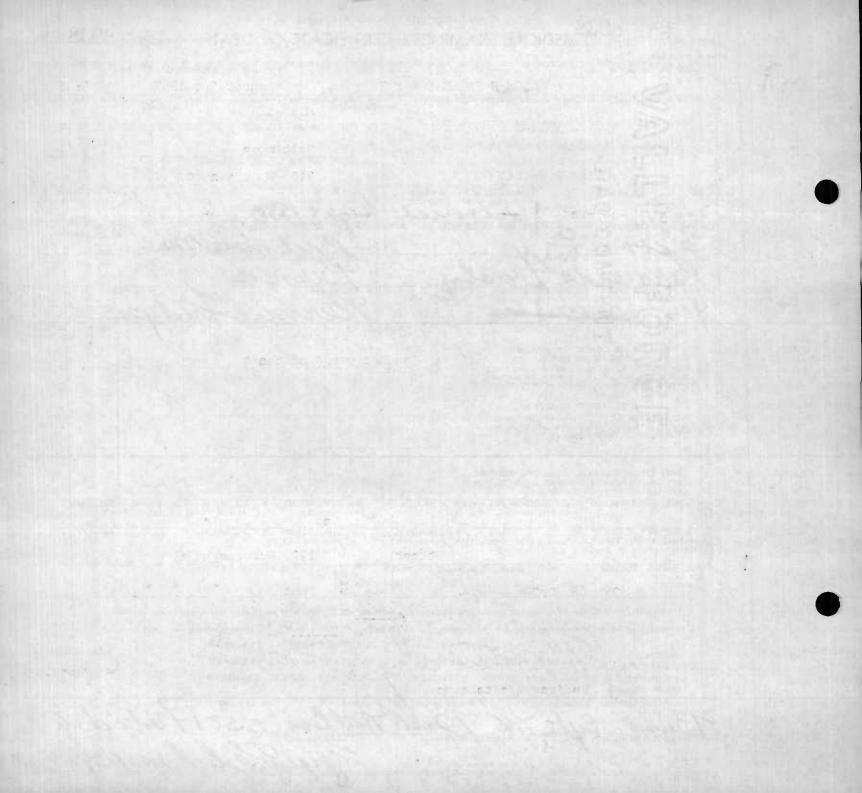
(City, town, or county)

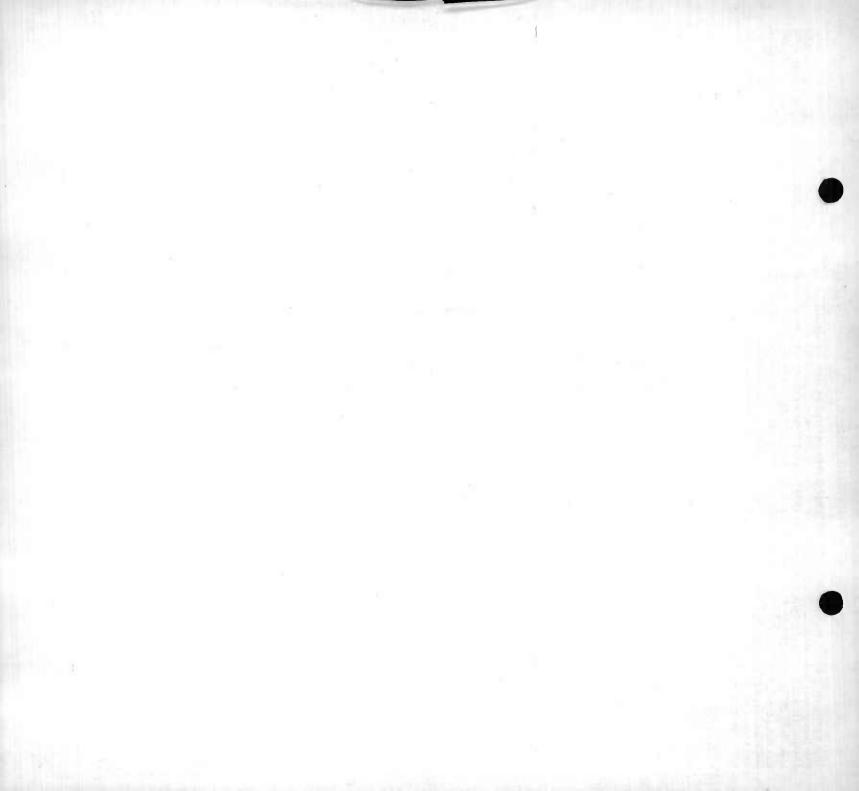
(Stote)

24A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR

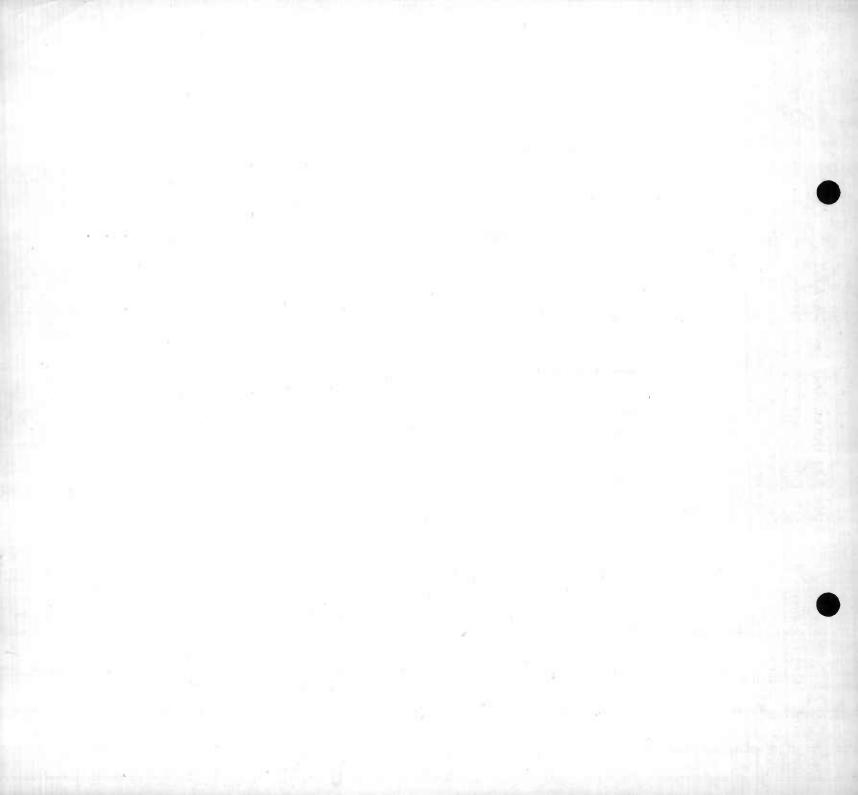
24C. FUNERAL DIRECTOR

ADDRESS



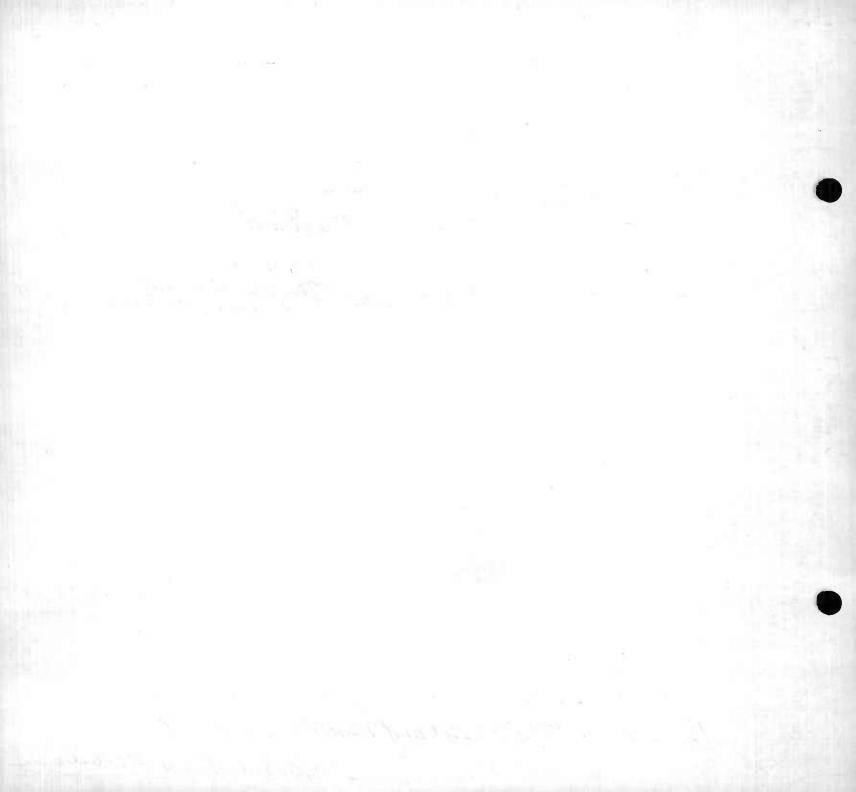


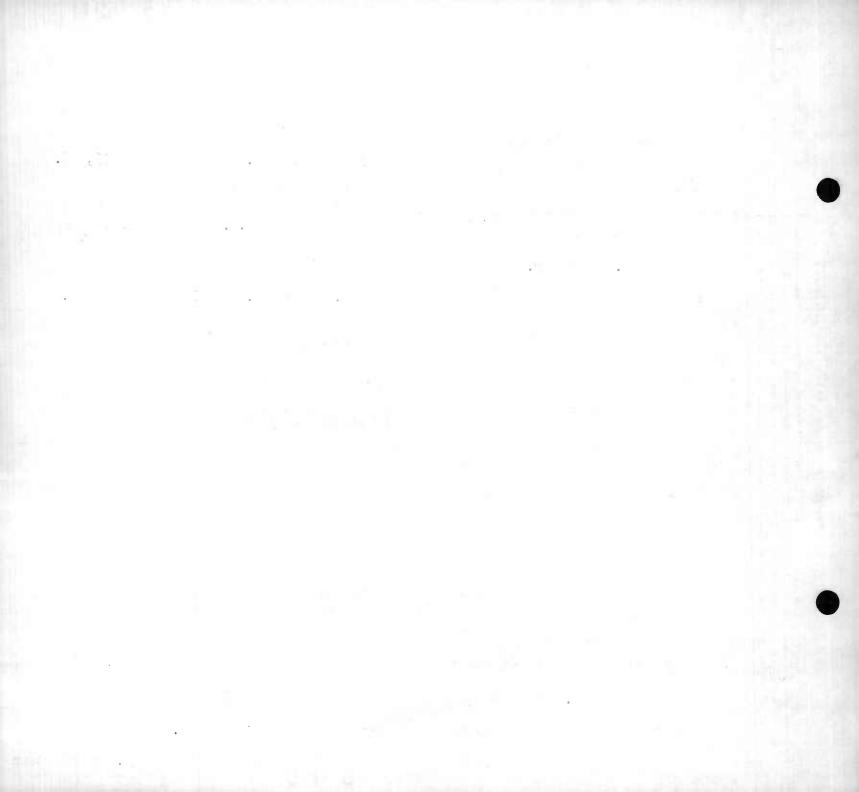
BALTIMORE CITY HEALTH DEPARTMENT

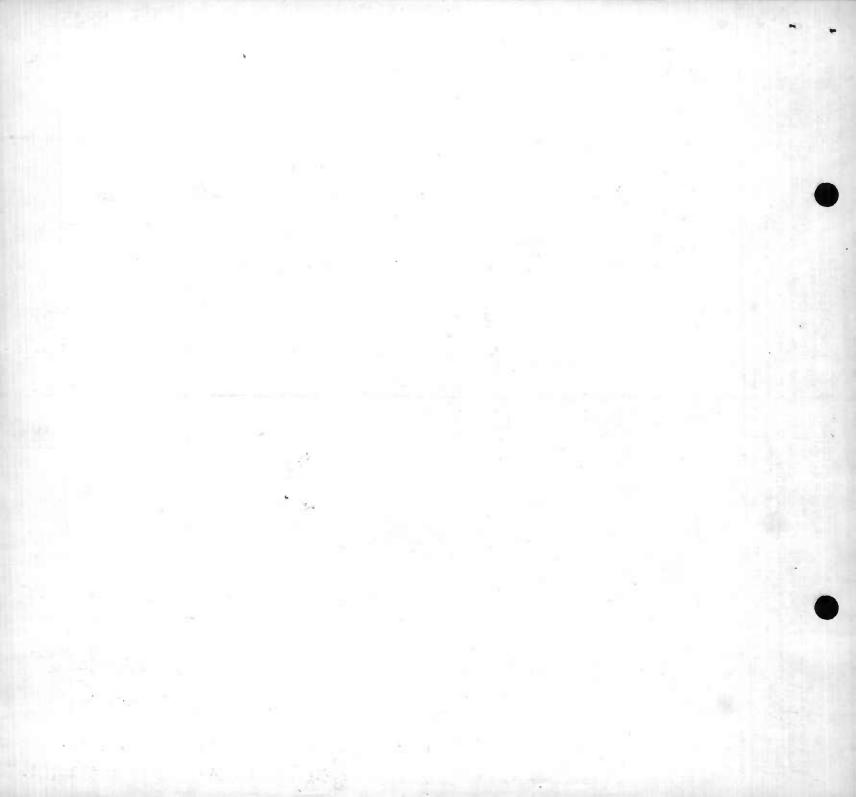


0-5001		th No. 65 89	149	ITY HEALTH DEPARTMENT	- C	
and assed the Such	M.1	CASE NO. AME OF DECEASED	042 CERTIFIC	ATE OF DEATH	Registered No. 6	8942
deatl cease on th		e or Print) NATTAREN	o Damico		29-65	704 4
8 9 9 5	3.	LACE OF DEATH IN BALTIMORE, MAR	YLAND	0	ere deceased lived, If instit	ution: residence before admission)
hos Se (5)		OSPITAL OR oddress or location	/ /		outside city limits, write RUE	AL and give township)
c > 2 ,	4/2	SOUTH BA.	ItIMALE OUT HOSP	+ BAI + IMO	f rurol, give focotion)	
O L ,		$m \omega$	M	3706 Fe.	NNINGTON	AVE.
occurre ontribut ermined regular regular is made	5. 5	ex 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH MAR 26, 1895	9. AGE (In years In the lost birthdoy)	Under 1 Yr. If Under 24 Hrs. Ionths Days Hours Min.
e u + n e	IOA	USUAL OCCUPATION (Give kind of work during most of working lile, even if retired)	108, KIND OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?
	(RANE OPELATOR	Bethe han Steel			U.SA.
way the		FATHERS NAME		14. MOTHERS MAIDEN N		
N dant dant dant dant dant dant dant dant	15.	PASPEC. Nos Deceased Ever in U. S. Armed Force, no or unknown) (If yes, give war or dotes	ies? 16. SOCIAL SECURITY NO.	POSE (APERNA.	ADDRESS
assistan f the d f the d deat deat dance or final c		, no or official wife war or doles	213-03-739	9 ANNA D'AM	100 3706	PENNINGTON AN
FUNERAL DIRECTOR: IMPORTAN by the chief medical examiner or his assistant spital by a medical examiner. Also, if the di ure; (2) Body burns; (3) A fracture of any kind; where the physician was in regular attendance on 3d before the remains are embalmed or final d	CERTIFICATION	DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not meon the mode of heart failure, osthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the obove cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO. THE DEATH BUT NOT RELATIONS THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITIONS CO	DNTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED	PERTENSIVE A Colic Vascular 20A. AUTOPSY? (Yes or P p, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	Disease Disease Disease No. 208. If yes, were fin in certifying causi	tic
oved e hosi natu cept nd (6)	W	OF INJURY (APPROX)	While At Not V	/hile D		
rificate must be appro y was released to the T) An accident of any D.A. at a hospital (exc d prior to death); an approval must be obt		22. I certify that (1) (this hospital) that (1) (we) last saw the deceased and have and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) KERMIT P. BON	d alive an 8/29 ed above. (I) (We) (did) (did nat	19 6 and 1) view the bady after death Attending Med. Director 23D. ADDRESS	hat In(my) (aur) apinla	B. DATE SIGNED 8-29-65 Balto. Md.
Cod O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.		BURIAL CREMATION, 248. DATE REMOVAL (Specify) BURIAL DATE REC'D BY HEALTH DEPT.	1905 Holy Cro	10	refehit Huy	Bold MA
This the b show was dece		AUG 30 1965 R.C.	& E. FalleyM.A.	Joseph X g	enement 26 &	S. Conkling &

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James El. Levelian

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M 1.	RTH NO. B. CASE NO. NAME OF DECEASED	2. OATE AND HOUR OF OF	ATH
	ARTHUR F. MURPHY	2. OATE AND HOUR OF DE. 8-26-65	11.3
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	A. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, water the county of the count	1-0-
2	3 JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion	
-	MALEE WHITE 7. MARRIED, NEVER MARRIED (specify)	12-31-00 9. AGE (In years	If Under 1 Yr. If Months: Ooys Hou
do	A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INOUSTRY one during most of working life, even if retired) Car Loading	Idaho	12. CITIZEN OF WHAT COUNTS
	PATRICK H. MURPHY	MARY ELIZABETHTTH	
1.5 (Y	. Wos Deceased Ever in U. S. Armed Forces? es, no of unknown) (If yes, give wor or dotes of service) Unk 216-2521	Mrs Anne Murphy, 700	ADDRESS Park Ave.
	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. II meons the disease,	memoriter'	
		Liopulmonery arresto Buccal Muc	n 2 occases
CATION	injury or complication which coused death.) ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stofing the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tio pulmonery arms Jo Buccal Mine	
AI CEPTIFIC	injury or complication which coused death.) ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) storing the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, off etc.]	Buccal Mine Buccal Mine 20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING	ERE FINDINGS CONSIDERE CAUSES OF DEATH?
CEPTIFIC	INJURY OF COMPLICATION WAS PERFORMED DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) storting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CA	20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING Or obout 21C. WHERE DID (If in Bolice bidg., INJURY OCCUR?	
CAI CEPTIEIC	INJURY OF COMPLICATION WAS PERFORMED DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) storing the UNDERLYING CONDITION TOST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CONTRIBUTING OR CONTRIBUTION OR CO	20A. AUTOPSYZ (Yes or No) 20B. IF YES, W IN CERTIFYING or obout 21C. WHERE DID (If in Bolice bidg., INJURY OCCUR?	ERE FINDINGS CONSIDERE CAUSES OF DEATH? Timore City, give exact locate and the constant of th
CAI CEPTIEIC	INDUSTRIES OR CONDITIONS, if ony, giving rise to the above couse (A) storting the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 12 OF ALL ACCIDENT WAS UNDERLYING WAS PERFORMED CAUSE OF OPERATION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 12 OF HOUSE (Month) (Ooy) (Year) (Hour) (APPROX.) 13 OF HOUSE (Month) (Ooy) (Year) (Hour) (APPROX.) 14 CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE	20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING OF Obout 21C. WHERE DID (If in Bolinice bldg., INJURY OCCUR? 21F. HOW OIO INJURY OCCUR? 21F. HOW OIO INJURY OCCUR? 21F. HOW OIO INJURY OCCUR? 21 J. G. and that in(my) (aur) 12 Med. Stoff Phys.	ERE FINDINGS CONSIDERE CAUSES OF DEATH?
CELEBOTE A CERTIFIC	INJURY OF COMPLICATION ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) storing the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING Home, form, foctory, street, off etc.) 21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, off etc.) 21C. TIME (Month) (Ooy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an individual of the couse stated above. (I) (We (did) (did nat) vice) Attended the couse of the co	20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING or obout 21C. WHERE DID ince bldg., INJURY OCCUR? 21F. HOW 010 INJURY OCCUR? 21F. HOW 010 INJURY OCCUR? 19 S and that in (my) (aur) 19 Wester death. nding Med. Stoff Phys, 19 23D. ADDRESS THE JOHNS HOPKINS HOS	ERE FINDINGS CONSIDERE CAUSES OF DEATH? Simore City, give exact locat apfinian death accurred

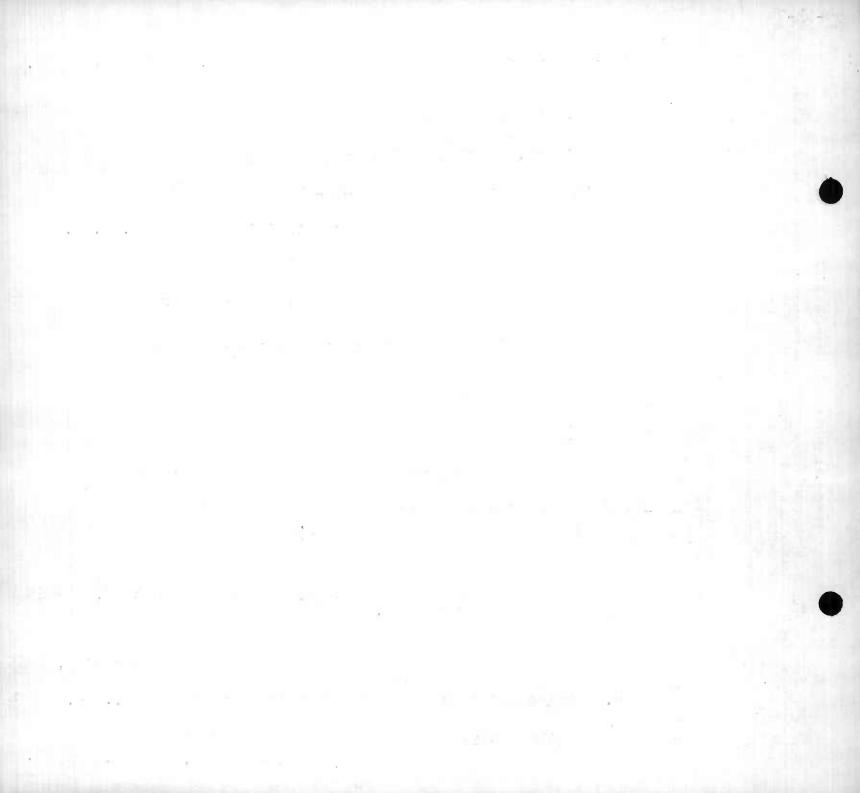
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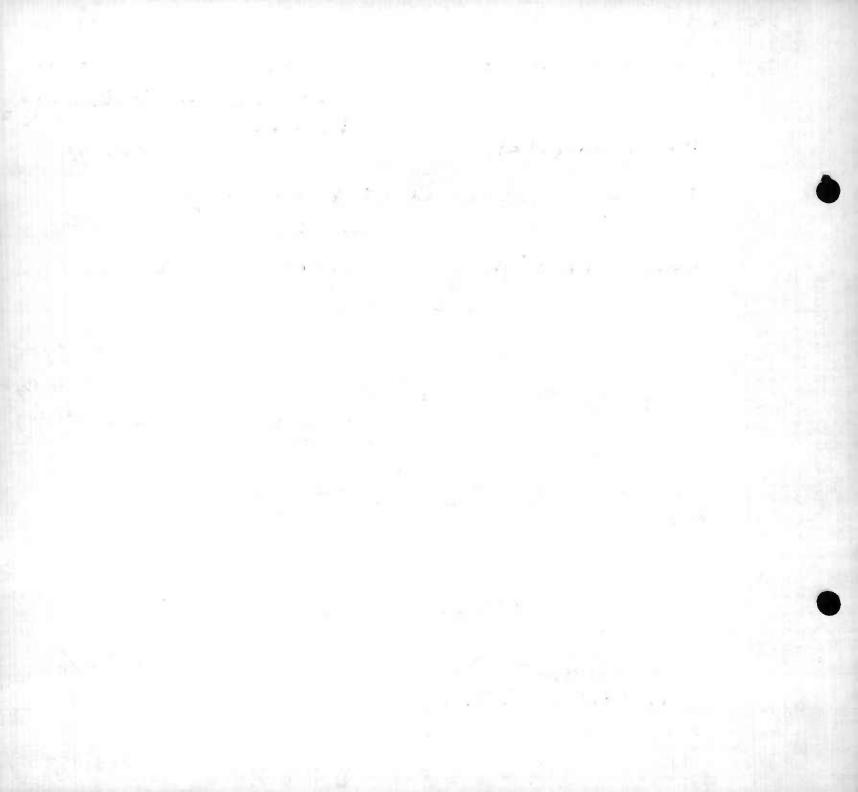
FUNERAL DIRECTOR:

- e/d - co - 50 - 178/2 - co 4 Halles The Minde

BIRTH NO.	P 99 9	340 CE	RTIFICA	TE OF DEATH	Registered Na.	65 8948							
M.E. CASE NO.	CEASED				AND HOUR OF DEATH	3 33 10							
(Type or Print) Blanche Crawford 3. PLACE OF DEATH IN BALTIMORE, MARYLAND				August 27, 1965 1:40 A.M. 4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before edmission) B. COUNTY									
							FULL NAME	oddross ar locotio	ar institution, give street n)		Maryland Baltimore c. city or town (If outside city limits, write RURAL and give township)		
							INSTITUTION	Baltimo:	re City Hos	pitals	-		RAL 53-00
		stern Avenue		D. STREET ADDRESS (If rurol, give location)									
	Baltimo	re, Maryland	d 21221	1910 Walnu	it Avenue	21222							
5. SEX	6. RACE	7. MARRIED, NEVER MA	ARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min,							
Female	White	Widowed		2-17-1881	84								
	CUPATION (Give kind of world working life, even if retired)	108 KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State or fo	oroign country)	12. CITIZEN OF WHAT COUNTRY?							
some donning most c	working me, even in remody			West Virgin	nia	U.S.A.							
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N		0 0 110							
John I	Phnnll			Flancis J	Flewe								
5. Wos Decess	ed Ever in U. S. Armed For	rcos? 16. SOCIA		Flancis Jewell 17. INFORMANT ADDRESS									
Yes, no oi unknov	vn) (If yes, give wor or dote	s of service) SECUR	NTY NO.		ם מילמיל זור								
				1	JH 4940 Ea:	stern Avenue 2122							
1B. 15	3.01		CAUSE O	F DEATH		ONSET AND DEATH							
TO THE DISEASE O	II NIFICANT CONDITIONS (DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO THE POS	sible C	Serebral Vasc	cular Acci	dent							
<u>L</u> 3-4	OF OPERATION 198. CON	FORMED			IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?							
8-26	-1965	Perforated (Cecum	Yes	(If in Boltimo	ne City, give exact location)							
OK CONTRI	BUTING CAUSE OF	home, form, fo	ectory, street, of	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?									
0 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY O	CCURRED	21F, HOW DID II	NAMES OCCUPS								
OF INJURY		While At	Not Whil										
		Work -	At Work		7 - X								
22. I certif	y that (1) (this hospita	I) ottended the deceos	ed from AU	igust 24,	19 65 10 All	gust 27, 19 65							
that (I) (w	e) lost sow the decease	ed olive on AUGI	ust 27,	19.0.5 ond	that in (my) (our) of	olnion death accurred on the date							
		ted obove. (1) (We) (di	d) (did not) v	lew the body ofter deat	٦.								
23A. SIGNA	URE			A4-4	s	23B. DATE SIGNED							
) swald (unter	Phy		Stoff Phys.	August 27, 196							
23C. PHYSIC NAME	(Type)			23D. ADDRESS									
	Dr. Osval	do Quintero	M.D.	4940 Easter	n Avenue	Balto., Md. 21221							
24A. BURIAL CI	REMATION, 248, DATE	24C. NAME of CE	METERY OF CR			City, town, or county) (State)							
Buria	8/29/6 D BY HEALTH DEPT.	5 Hotcole	Cemete	25C. FUNERAL DIRECT	lest Virgini	La							
ALIC O		258. NAME OF REGISTR	AR	25C. FUNERAL DIRECT	ooks Inc.	1217 St. Paul St. 21202							
HUU 3	0 1965 Robin	ME Janker A.	1	WM. COOK-BI	OOVE THAT.	21202							
S 150-REV. 1/	/65			0 1 0 0									

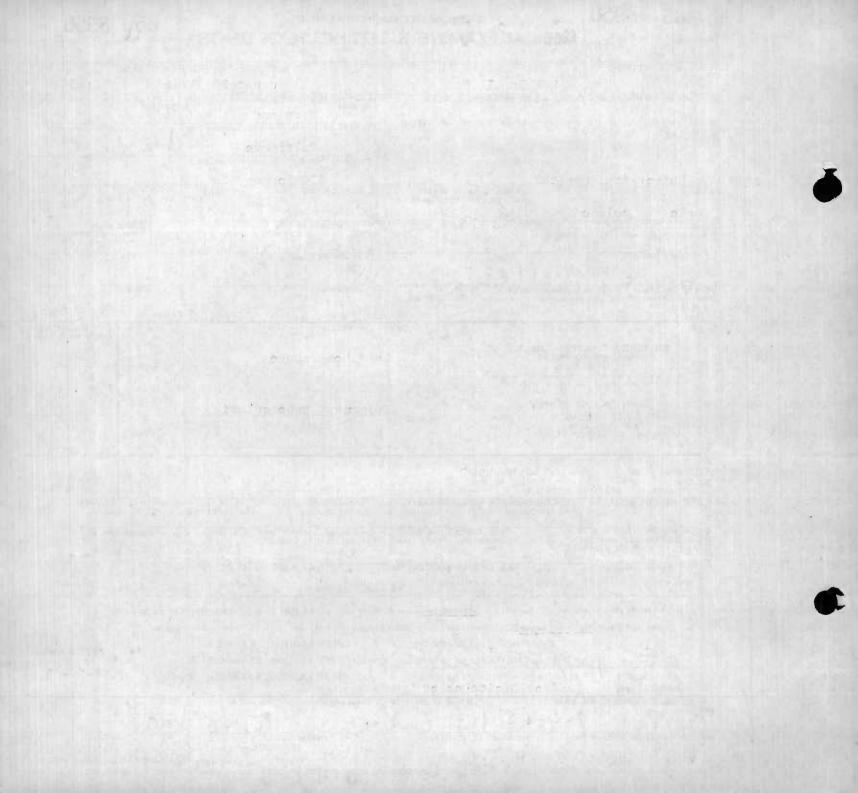
BALTIMORE CITY HEALTH DEPARTMENT



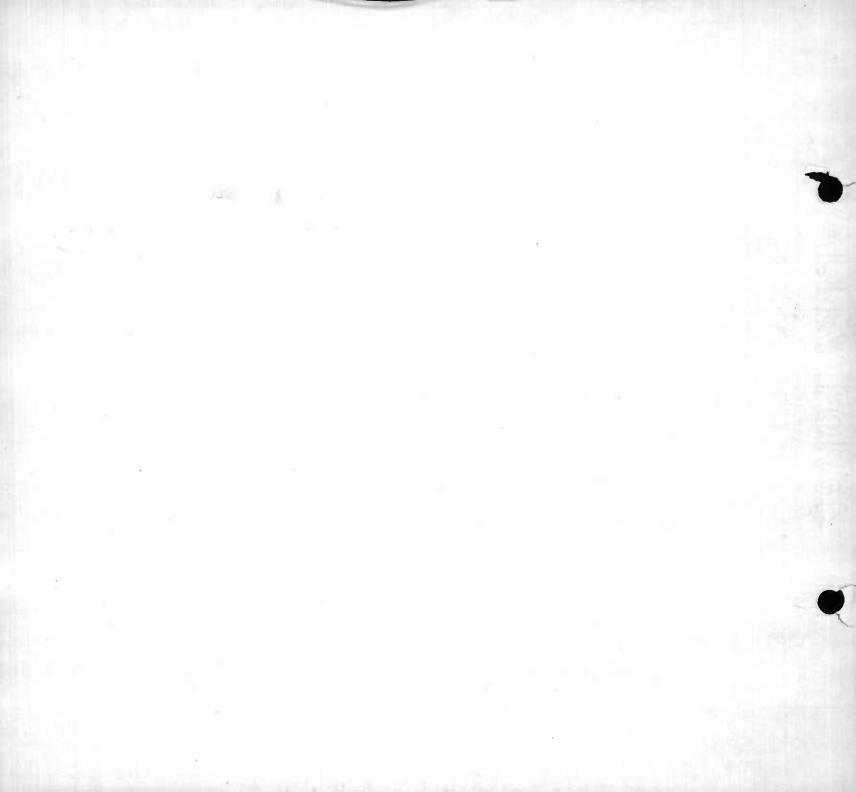


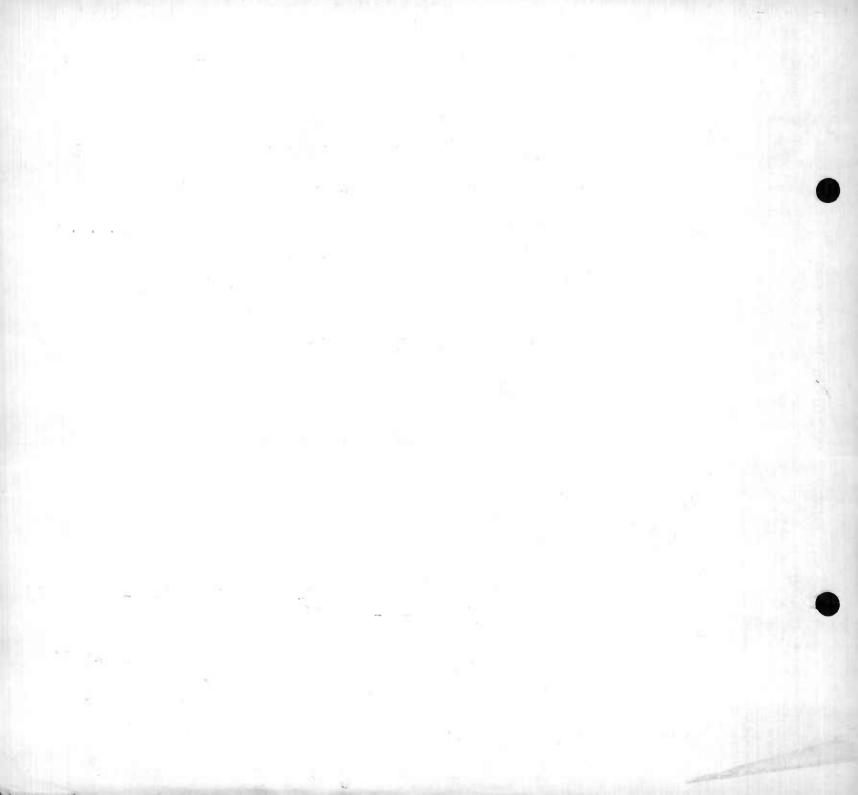
65 8950

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
KENNIE WILSON	August 29, 1965 5:45 a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	C. CITI OK TOWN III buiside corporate iinnis, while ROKAL and give township
	Baltimore
	D. STREET ADDRESS (If rurol, give location)
University Hospital	830 Lemmon St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
male colored Manuel (specify)	Aug-25-1911 lost birthdoys Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if refired)	Charte Field CC: WHAT COUNTRY?
13. FATHER'S NAME	MOSTEFFIELD STILLS
01.5.1.	Dally Dagger
naries Willson	32/14 re Gee
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
A/A	aloods one sictor
7/ 0	1000320 Spencer sister
18. CAUS	E OF DEATH / INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	ung hemorrhage
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)	•••••••••••••••••••••••••••••••••••••••
injury or complication which coused death.)	
AMERICAN DENT GAMES	
ANTECENDENT CAUSES (B)	ulmonary tuberculosis
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
Z (C)	
Ĕ II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	***************************************
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of Operation 198. Condition for which operation	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING □OR CONTRIB- home, form, foctory, street,	office bldg., INJURY OCCUR?
ZID TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE WORK
m. WORK AT V	NORK
	atapsy ond that on this bosis, death in my opinion
	Homicide Undetermined monner
resulted from: Notural couses & Accident Suici	
1/1/2/40	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE SIGNATURE	CASSISTANT MEDICAL EVANINED X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8-29-65
NAME (Type) Rudiger Breitenecker	The state of the s
23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	1 2014
BUNIA 17-4-63 Mit- (NUM	fum Balto, mai
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
ALIC DA ADOT A DA O T A DA	1. Warningh
AUG 31 1965 Release & Farly Man	2700 Edmondson all
VS 151-REV. 1/1/65	08763



RTH	NO. 65	8951		ATE OF DEATH	Registered No	65 8951		
	CASE NO.				ID HOUR OF DEAT	Н		
	or Print)	inia Tho	rnton	August 29, 1965 10:50 P				
FU	ACE OF DEATH IN BALTIMORE, JLL NAME OF (If not in hosp DSPITAL OR address or loc	MARYLAND	ive street	4. USUAL RESIDENCE (Who A. STATE B. COUN Maryland C. City Or TOWN (If our	re deceased lived. II TY	institution: residence before admission		
•	1514 Di	vision S	treet	Glen Burnie D. STREET ADDRESS (If rurol, give locofion) 300 Morris Hill Avenue				
SA, L	MALOCCUPATION (Give kind of during most of warking life, even if retire	WIDOWED Marr Work 108, KIND OF		8. DATE OF BIRTH 1/25/1897 [RY 11. BIRTHPLACE (Stote of fore)	9, AGE (In years lost bi-fliday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?		
		47		S. C.		U.5.A.		
J. FA	ATHERS NAME			14. MOTHER'S MAIDEN NA	ME			
J	ames B. Lyde			Mary Beasle	У			
es, r	os Deceased Ever in U.S. Amned no orunknown) (If yes, give wor or	Forces? dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
(DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or camplication which cou ANTECEDENT CAU DISEASES OR CONDITIONS, rise to the above cause	af dying, e.g., cans the disease, used deoth.) SES if any, giving	(A)	GI Ste	oding oncer	INTERVAL BETWEEN ONSET AND DEATH		
NON		S CONTRIBUTING		20A. AUTOPSY? (Yes or No		E FINDINGS CONSIDERED		
2 ا ر	21A. ACCIDENT WAS UNDERLYINDER CONTRIBUTING CAUSE OF	21 8. home	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY OCCUR?		ore City, give exact location)		
200	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Y DF INJURY APPROX.)		INJURY OCCURRED		URY OCCUR?			
t	22. I certify that (I) (this haspital) attended the deceased fram July 24, 19 65 to August 29, 19 65 that (I) (we) last saw the deceased alive an August 24, 19 65 and that in (my) (aur) apinion death accurred an the dand haur and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.							
2.	3A. SIGNATURE	1.0	M.D.	Attending Med.	Stall S	238, DATE SIGNED		
	BURIAL CREMATION, 248. DATI	THEQUE	ORE M.	Phys. Director 23D. ADDRESS	Siell Phys. Street	(City, 1gwn, or county) (State		
-/	mm 17/51	15	11111 11 1	1111111111	-1110			
- 6-	DATE REC'D BY HEALTH DEPT.	25B. NAME O	100	25C. FUNERAL DIRECTOR	9	ADDRESS		

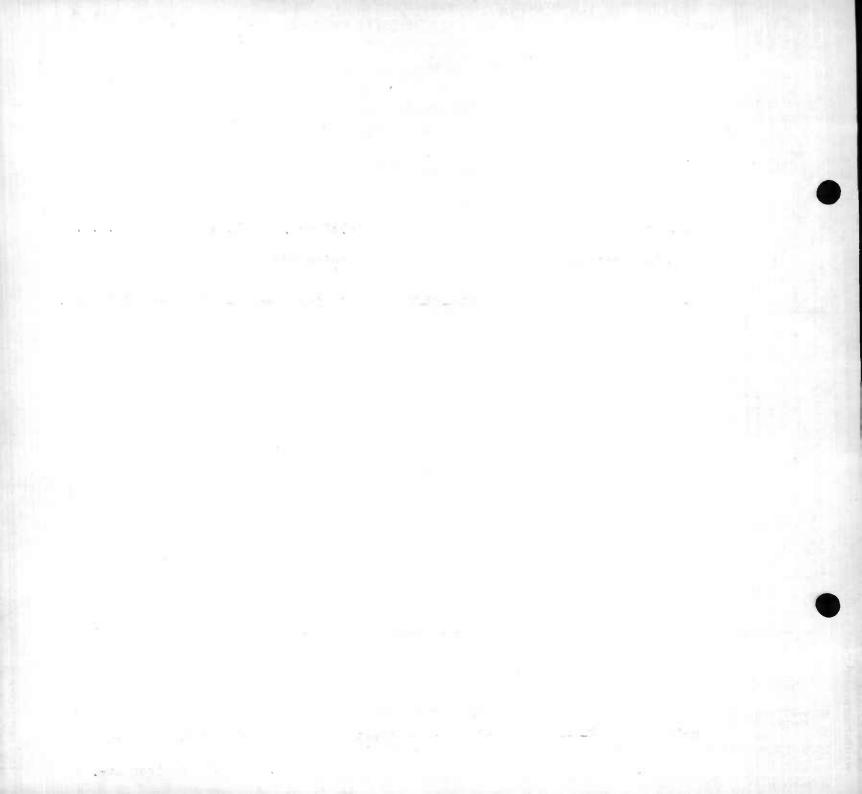




VS 151-REV. 1/1/65

Charles R. Law 802 Madison Ave.

a fuelt heatened armite in the control of tracel Edward disclayad Joseph D. Davids . we atvised the - margin dreft to the first of the transfer of the real of th Tendent over the Delthous Market States States Intended was position to was a calcoling

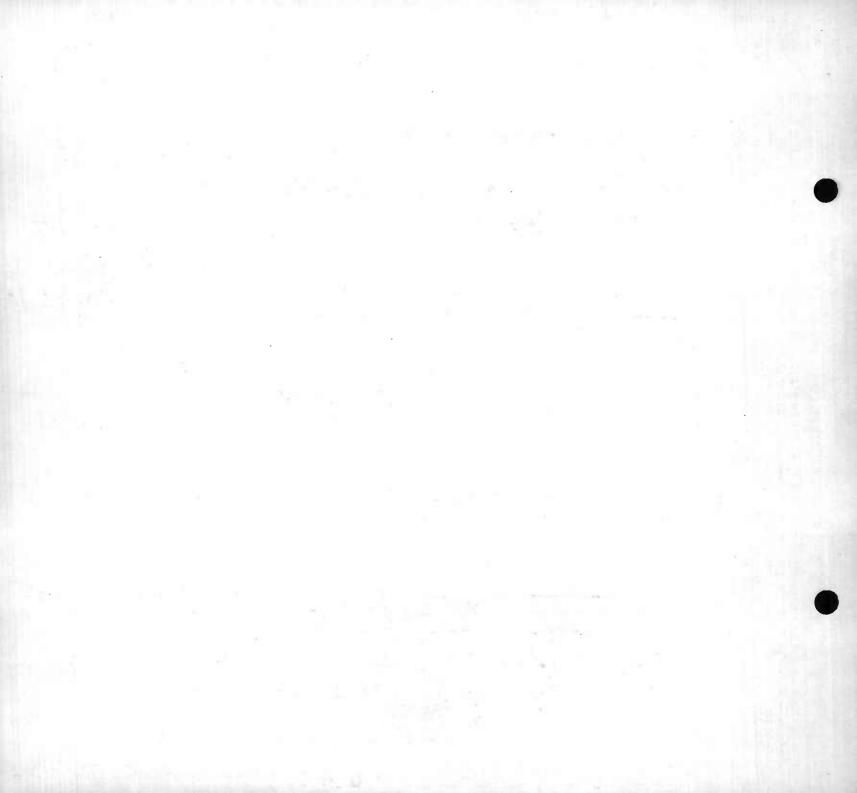


Scu -	NAME OF DECEASED Type or Print	2. DATE AND HOUR OF DE	EATH
Po De	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	7:00 A
a hospicause of se; (5) De endance	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
cau car	Maryland General Hospital	D. STREET ADDRESS (If rural, give location Rite 14 Box 20	
ba da da	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours M
r contri determi in regu lecease	IOA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
if dea 4) Und was the d	3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	US A
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknawn) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	Grace Bell 17. INFORMANT MRS GERT	ADDRESS RNDE M. CKESIC K 80 GKTEN KANK INTERVAL BETWEEN
0 - 5 - 0 -	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	enoscherotic Heart]	
edical examiner of dical examiner. Jurns; (3) A fracture / sician who pron was in regular comains are embalr	heard failure, asthemia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	ralized Arterioscles	
edical examiner of dical examiner. Jurns; (3) A fracture / sician who pron was in regular comains are embalr	heord foilure, osthemia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 12-2-65	anal Call Caremona J [20A. AUTOPSY? (Yes or No.) 20B. IF YES, V IN CERTIFYING	Pladder Vere Findings Considered G Causes of Death?
y the chief medical examiner of tall by a medical examiner. I e; (2) Body burns; (3) A fracturather the physician who pron No physician was in regular a before the remains are embalr	heori foilure, osthemia, etc., Il meons the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	Blader
ved by the chief medical examiner of hospital by a medical examiner. Instruct; (2) Body burns; (3) A fracture opt where the physician who prond (6) No physician was in regular anined before the remains are embalr	heord foilure, osthemia, etc., It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY(e.g., home, farm, foctory, street, or etc.) 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING in or obout 21 C. WHERE DID office bldg. INJURY OCCUR?	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
be approved by the chief medical examiner of the hospital by a medical examiner. Into f any nature; (2) Body burns; (3) A fracture pital (except where the physician who proneath); and (6) No physician was in regular cost be obtained before the remains are embalr	heori foilure, osthemia, etc., Il meons the diseose, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) we last sow the deceased olive on ond hour and from the causes stated above (II) (We) (did) (tid not) 23A. SIGNATURE	20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING IN JURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond that in (my) (our vlew the body after deoth.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimate City, give exact location!
icate must be approved by the chief medical examiner owas released to the hospital by a medical examiner. An accident of any nature; (2) Body burns; (3) A fracture. at a hospital (except where the physician who pron prior to death); and (6) No physician was in regular coproval must be obtained before the remains are embalr	heori foilure, osthemia, etc., Il meons the diseose, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) we last sow the deceased olive on ond hour and from the causes stated above (II) (We) (did) (tid not) 23A. SIGNATURE	20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond that is my (our vlew the body after deoth. 19 Med. Director Phys. 123D. ADDRESS	VERE FINDINGS CONSIDERED G CAUSES OF DEATH? Itimare City, give exact location!

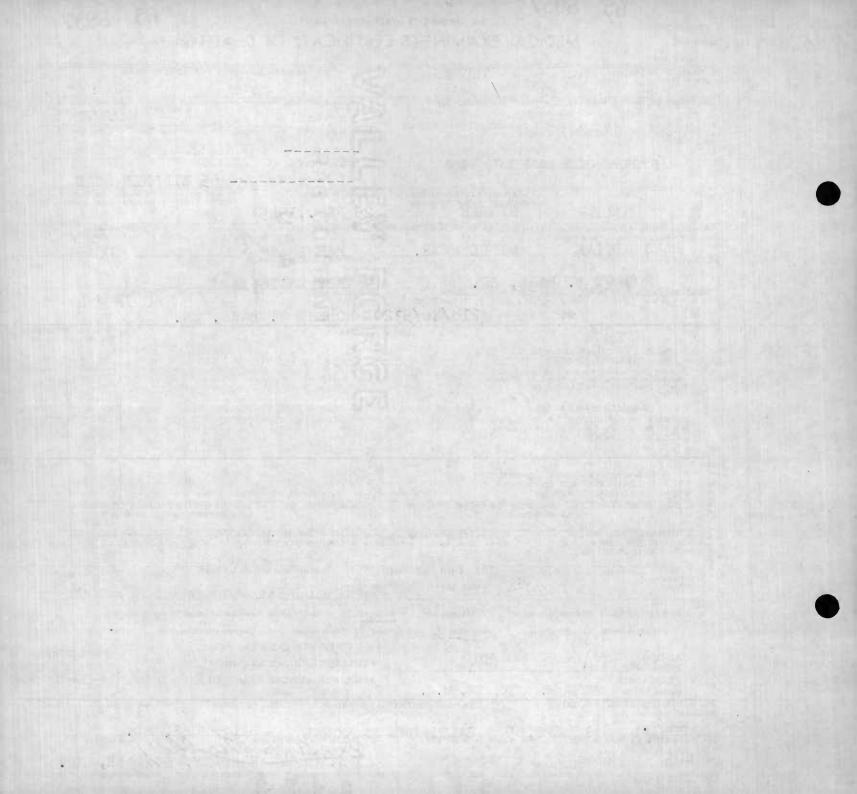
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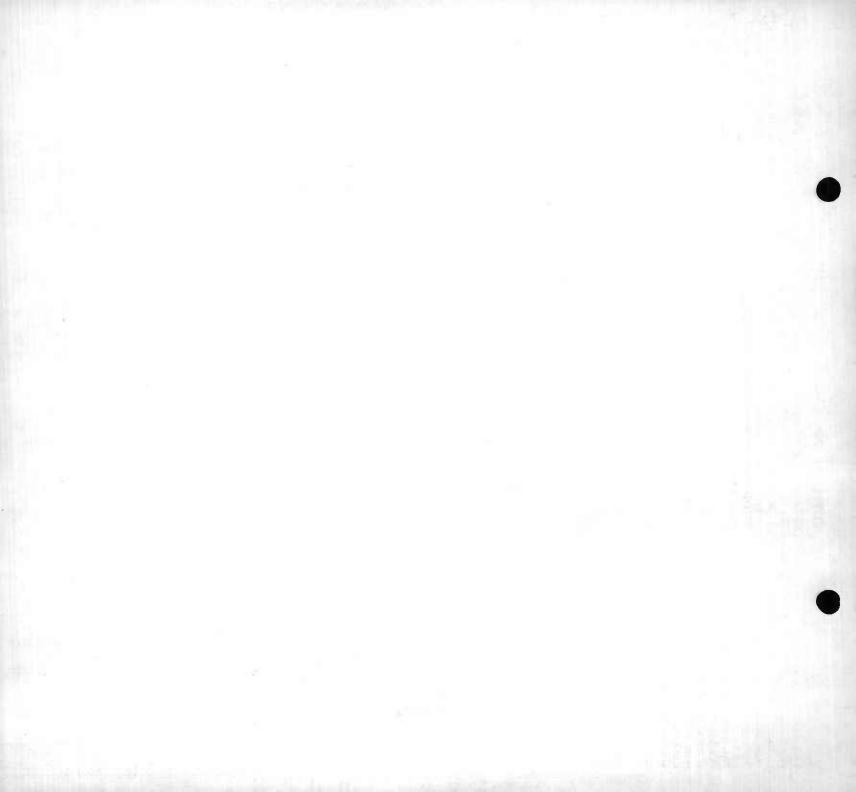
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1	12	65 8956 BALTIMORE CITY HEALTH DEPARTMENT SEPTEMBER A TELL REGISTER OF BEATTLE REGIST	
-	2002	CERTIFICATE OF DEATH	
	of death of death Deceased ce on the ath. Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) HHUE HOREW BURNARD 2. DATE AND HOUR OF DEATH (Type or Print) HHUE HOREW BURNARD 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before adm	1_M
	de de	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits write PURAL and give toward)	nission)
	in att	Maryland General Hospital D. STREET ADDRESS (Il rural, give location)	
	occurred ontribution ermined regular eased pris made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE, OF BURTH 9. AGE (In years If Under 1 Yr. If Under 2	24 Hrs. Min.
	or condition is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (State or foreign country) Deficiency Burns Agency Mass, 12. CITIZEN OF WHAT COUNTRY?	7
-	rect (4) Un was the isposi	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (UNKNOWN) MADDEN	
STAN	the di the di kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, po or unknown) (If yes, give war at dates of service) Yes, W I 16. SOCIAL SECURITY NO. 229-14-1158 W. I 1822 N. Charles	St
MPOR	o, if fany nced enda d or	CAUSE OF DEATH INTERVAL BETWEE ONSET AND DEAT	TH
-	er. Al	This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.) (A) Covcinoma of the DUE TO DUE TO DUE TO Symbol Colon C	
ECTOR	A fin	DISEASES OR CONDITIONS, if any, giving	
DIR	al an in	rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
ERAL	phy but	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?	
FUN	by the chie pital by a re; (2) Bod where the No physic d before th	198. DATE OF OBERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 218. PLACE OF IN OUT TO about 219. WHERE DID hame, farm, factory, sheet of location bidg., INJURY OCCUR?	
	ed b atur pt v (6)	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Wark At Wark	
	0000	22. I certify that (I) (this hospital) attended the degeased from 100 to 8,000 to 100 that (I) (the last saw the deceased alive an 8,000 to 19,000 and that in (my) (out) apinion death accurred an the	he date
	eased eased ident nospit deat	and hour and from the capses stoted abave. (1) (We) (did) (did not) view the bady after death. 26A. SGNATURE M.D. Attending Med. Staff Phys. Phys. Staff Phys. P	
		PARLE PERNER M.D. Md. Gen. HOSP "	
	E-700-	BURIAL \$1/65 Blandford (em, refersburg-Va,	State)
	This cer the bod shows: was D.(decease	25A. DATE REC'D BY HEAVY DET. 25B. NAME OF REGISTRAR 25S. JUNERAL DIRECTOR STOWART & MOWEN 6-BALTO-1-1	nd

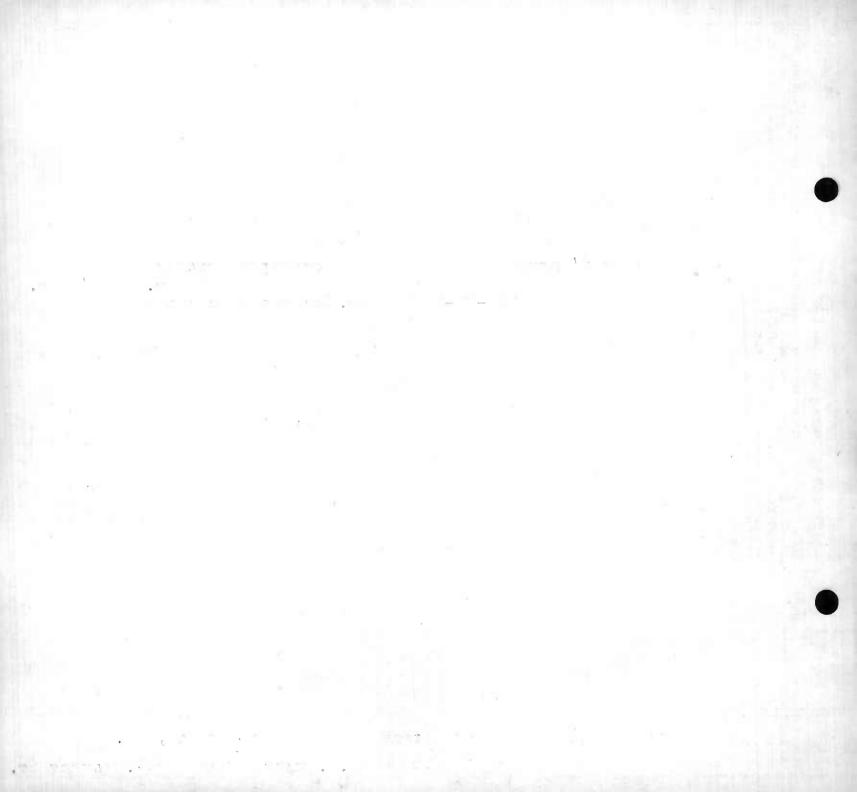


65 8957	TH DEPARTMENT 65 8957
BALTIMORE CITY HEAL	0007
	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED THOMAS	2. DATE AND HOUR PRONOUNCED DEAD
JOHN / BARR	8-29-65 4:05 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland BALTIMORE
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	-Baltimore DUNDALK
BALTIMORE CITY HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
WIDO WED, DIVORCED (specify)	OST ETTR 301. C lost birthdoyl Months, Doys, Hours, Min.
Male White SINGLE	20
done during most of working life, even if retired)	WHAT COUNTRY?
ELECTRICIAN STEEL MFGR.	MARYIAND 14. MOTHER'S MAIDEN NAME USA
ROBERT T. BARR. SR.	FORMUPD DAVIE DADD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT AS IN # L
NO ** 218/46/5320	ROBERT T. BARR. SR. ABOVE
1,1,2	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) Cra	niocerebral injury
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
Z1A, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg. INJURY OCCUR? On Merritt Blv'd - 25' North
UTING CAUSE OF DEATH.	of Dunmanway
21D TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 8 29 65 PM m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	while which failed to make turn and hit curb
22.	tapsy X and that an this basis, death in my apinian
resulted fram: Natural causes Accident X Suicid	CHIEF MEDICAL EXAMINER
ACTUAL 11 W KIRD	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D EXAMINER'S	ASSOCIATE MEDICAL EXAMINER X 8-30-65
NAME (Type) PETER W. RIECKERT, M.D.	ASSOCIATE MEDICAL EXCHANGE
23A, BURIAL CREMATION, 238, DATE 23C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)
BURIAL 1 SEPT 65 BALTIMORE	NA TIONAL BALDEMORE, MD. ADDRESS
Sale a	ellew personally
AUG 31 1965 Robert E. Larberma	W. BROOKS BRADLEY, DUNDALK, MD?
VS 151-REV. 1/1/65 A/ SA 1 12 / L	0 0 1 1 9





BALTIMORE CITY HEALTH DEPARTMENT

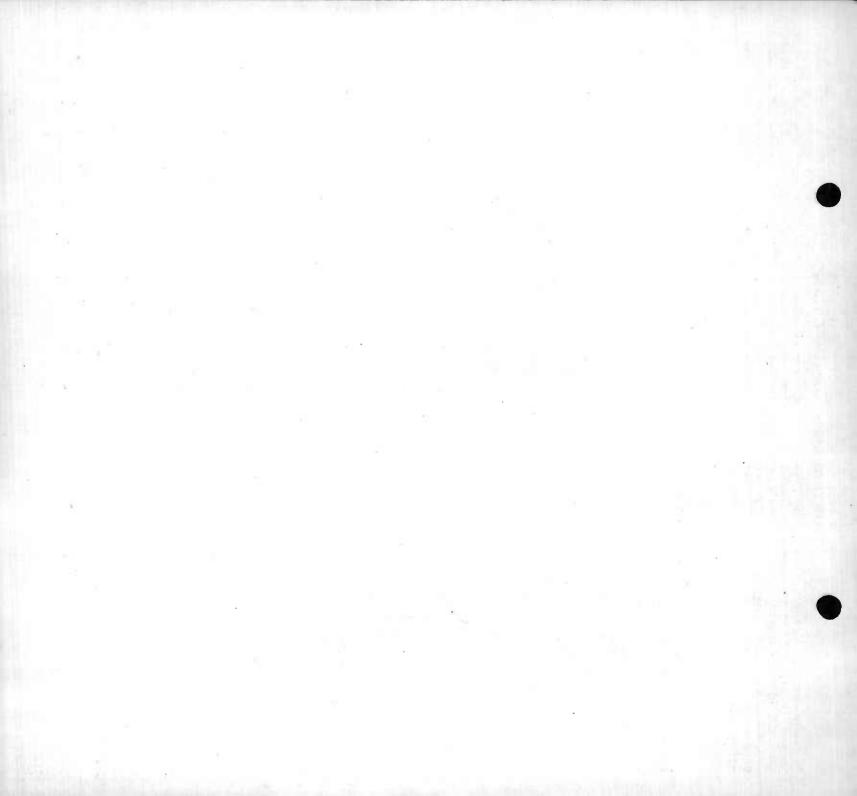


death IMPORTANT assistant or his DIRECTOR: chief medical FUNERAL

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 55 RESIDENCE (Where deceased lived. If institution: lesidence before admission)

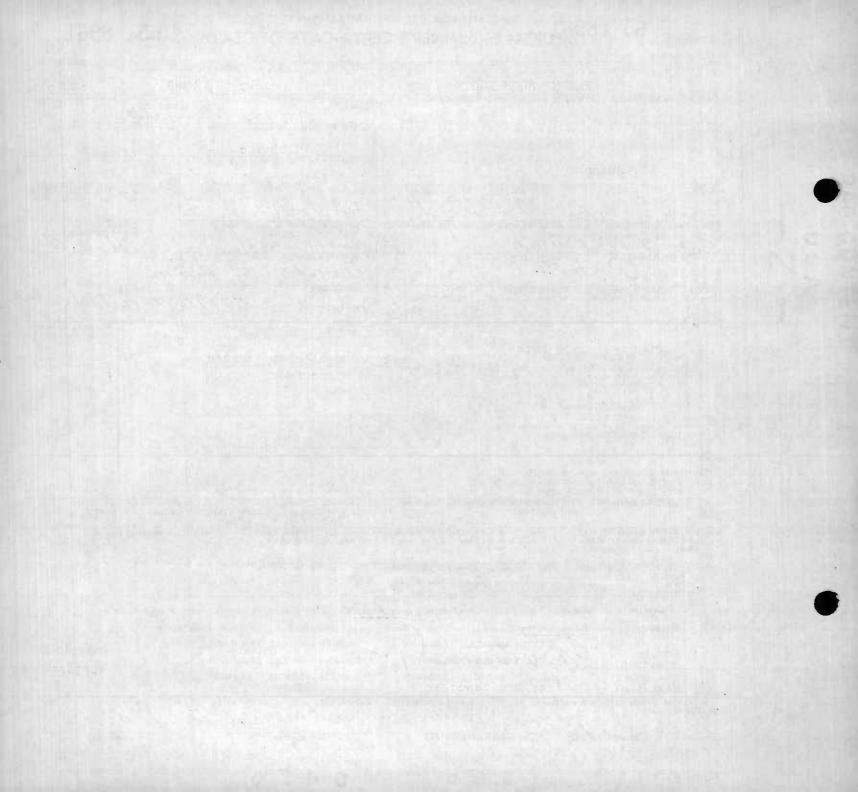
B. COUNTY ond give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? a ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact (acation) and that in (my) (aur) apinian death occurred an the date (City, town, ADDRESS

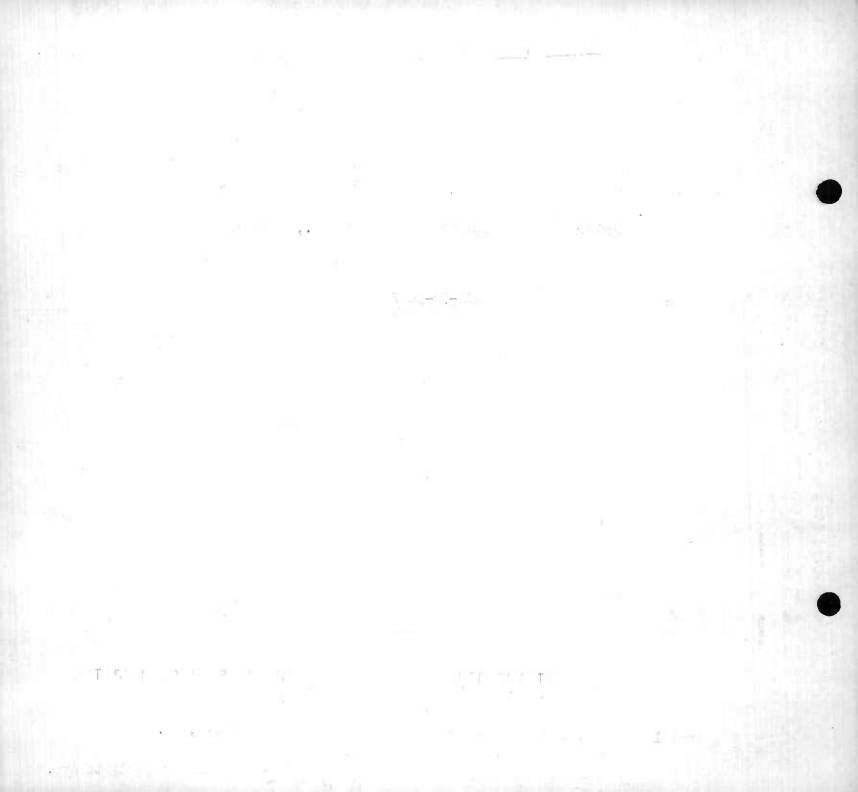


1.3	BALTIMORE CITY	HEALTH DEPARTMENT
7.17		

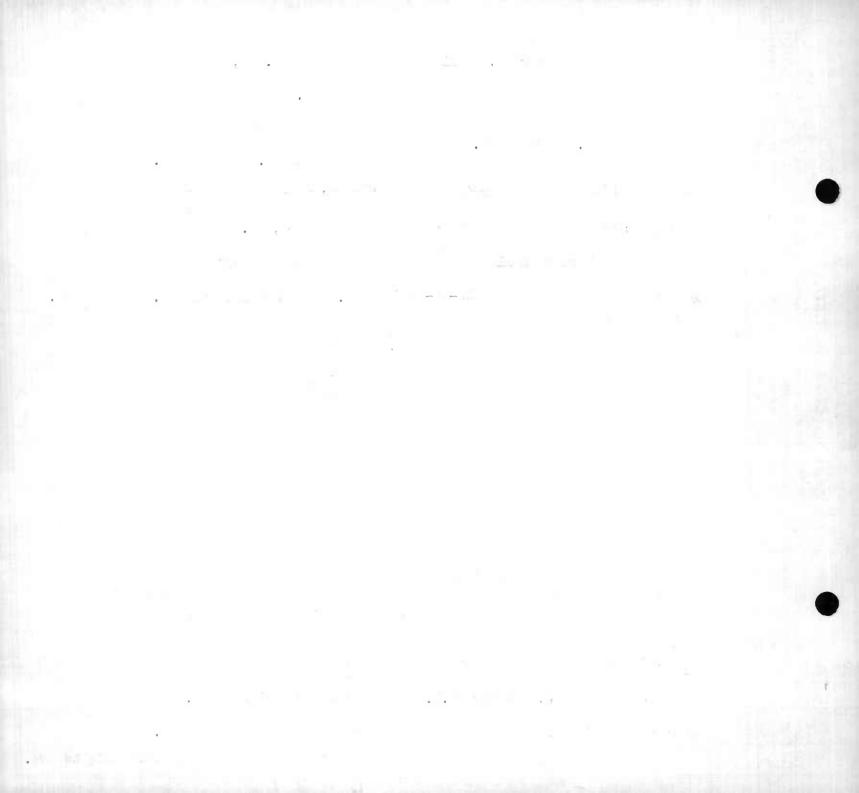
65 8964

BIRTH NO.	MED	ICAL EX	XAMINER'S C	ERTIFICA	TE OF DEATH Regis	rered No. OJOI
M.E. CASE NO.						
1. NAME OF DE		T07777	0.000		2. DATE AND HOUR PRONOUN	
0 01 1 05 101 041		JOHN F			August 26, 1965	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	B. CC	stitution: residence before admissio
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		laryland /	Palto,
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITT OR TO	WN (If outside corporate limits, wi	ite KUKAL and give township
					Baltimore 20	53.00
St	. Joseph			D. STREET ADD	RESS (If rurol, give location)	
					, Box 527, RFD 16	
5. SEX	6. RACE	7. MARRIED	DIVORCED (specify)	B. DATE OF BIRT	H 9. AGE (In year lost birthday)	Months, Doys, Hours, Min.
male	white	Llin	urced	Febr, 1	1909 56	
10A. USUAL OCC	UPATION (Give kind of wor	LOB. KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
	working life even if retired)	test		Bally	Ind.	WHAT COUNTRY?
13. PATHERS, NA		4		14. MOTHER'S M	AIDEN NAME	7
John	& Joole			ame	lia m Hall	m
WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	1	ADDRESS .
(Yes, no or unknown	n) (If yes, give wor or date	es of service)	SECURITY NO.	Dehan"	W Justi 1916.	Inherton It !
NO		1911	218-07-0620	1	, , , , , , ,	a,
18.45	/ X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DE	RECTLY				
(This does	LEADING TO DEATH			ured disse	ecting aortic	
heort failure	not meon the mode of e, asthenia, etc. Il meons	the disease.	DUE TO	anei		
IIIJOIY OF CO	emplication which coused	deom.,				
UNDERLYI	HE ABOVE CAUSE (A) S NG CONDITION LAST.		(C)			
TO THE DISEASE OF	CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO				
19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	Yes P	(? (Yes or No) 20 B. IF YES, WERE ARTIAL IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ZIA. EXTERNA	AL CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or obout 21 C. V	WHERE DID (If in Boltimore City,	give exoct location)
UTING CAL	OR CONTRIB-	home	e, form, foctory, street,	office bldg., INJUR	Y OCCUR?	
7) (1)) I	21 E. INJURY OCCURRED	015 14	OW DID INJURY OCCUR?	
OF INJURY	(Month) (Doy) (Yeo				OW DID INJURY OCCUR?	
(APPROX.)		m.	WHILE AT NOT	WHILE O		
22.	rtify that I held on I	nauiry	Inspection Au	T/AL one	d that on this bosis, deoth in	my opinion
	Ited from: Notural ca				. 🖂	
1950	Trea from: Notorol Co	USES A	Accident / Juicid			mer _
ACTUA	1 DM	225			EDICAL EXAMINER	DATE SIGNED
SIGNAT		aju	M.D	•	EDICAL EXAMINER X	8-27-65
EXAMI		ar Brait	enecker	ASSOCIATE M	MEDICAL EXAMINER	0-27-03
NAME (23A. BURIAL CRI REMOVAL (Special	EMATION, 23B. DATE		BC. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (Ci	ity, town, or county) (Stote)
Burist	8/30	165	-un men	y, sarde	Del-lur	M/9,
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
AUG 3	1 1965 Rober	F. 3 &	arbey M. M.	Conne	ely 300 Mace	Un, (Solto. 2.
VS 151-REV. 1/1.	/65	1 39	5 5 0	0 8 4	0, 6	





VS 150-REV, 1/1/65

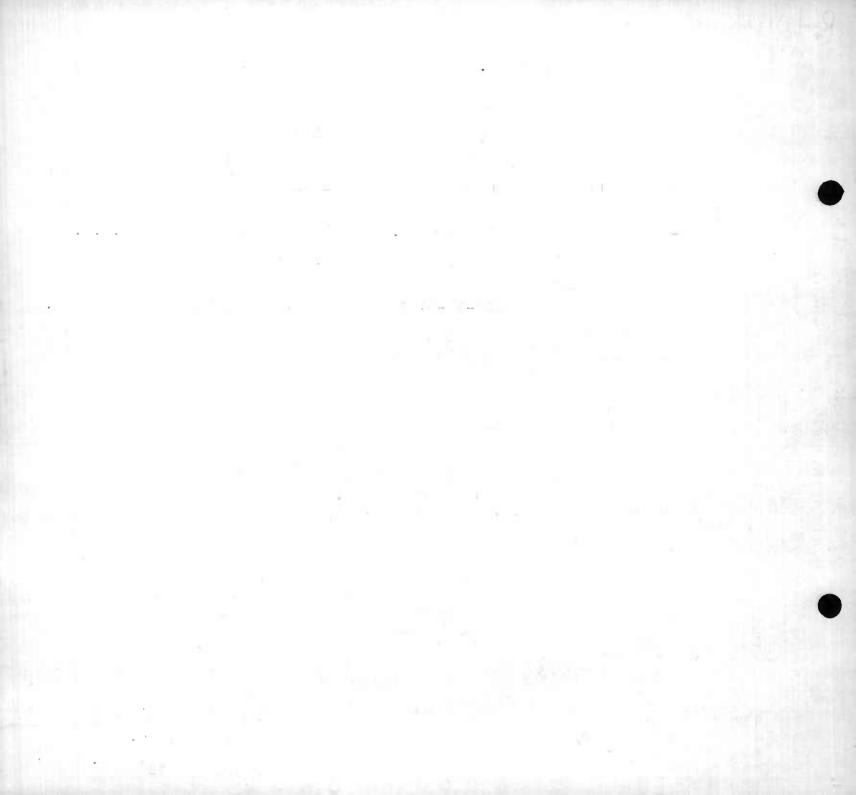


E 9 11 125/11 534 - 14 7 7.7.2 C. C. A. A. S. C. L. C. C. 37-42 123 1 -4-4 AND THE SERVICE AND 0/18/6 SAVEREE in the second of Downson Files Dominic covered and CER out

	ASE NO. IE OF DECEASED	NA E.		8	AND HOUR OF DEATH	1 11:05
	CE OF DEATH IN FALTIMORE, MA	•		A. STATE B. CO		institution: residence before odn
HOS	L NAME OF (If not in hospital oddress or location) (TUTION		ve sireer	C. CITY OR TOWN ((f	outside city (imits, write	RURAL and give township)
3	THE JOHNS HOPE	KINS HO	SPITAL		(If rural, give location) ENHILL AVE	ENUE #6
5. SEX FEM	ALE WHITE	7. MARRIED, N. WIDOWED,	NEVER MARRIED DIVORCED (specify) W	8. DATE OF BIRTH 7-19-96	9. AGE (In years lost birthday)	If Under 1 Yr. (I Under Months Days Hours
	UAL OCCUPATION (Give kind of working most of working life, even if retired)			11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	T-Lady	Equita	ble Bldg.	Baltimore,	Maryland IAME	U.S.A.
	HARRY BANGS			MARY COYN	E	
15. Wos (Yes, no	Deceased Ever in U. S. Armed Fo or unknown) (If yes, give wor or dol	es of service)	SECURITY NO.	17. INFORMANT	h. 0500 D	vergreen Ave.
18.	DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY	CAUSE O			interval betwee onset and dea
Di nis	art failure, asthenia, etc. It means ury ar complication which caused ANTECEDENT CAUSES SEASES OR CONDITIONS, if e to the above cause (A) NDERLYING CONDITION tast.	d death.) S any, giving	(B)	D'abetes	mellih	
ATIO	THER SIGNIFICANT CONDITIONS () THE DEATH BUT NOT REL. SEASE OR CONDITION CAUSING A. DATE OF OPERATION 179B. CON	ATED TO THE	Riabet	-es Mell	The + Gang	ENDINGS CONSIDERED
2 1194	8-19-65 WAS PER	A.K.AN	APUTATION L		IN CERTIFING C	AUSES OF DEATH?
CERTI	A ACCIDENT WAS UNDERLYING	home,	, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Bottime	one City, give exoct locollotti
AEDICAL CERTI	A. ACCIDENT WAS UNDERLYING	home etc.)	NJURY OCCURRED At Not While	21F. HOW DID I	NJURY OCCUR?	ore city, give exact locolloil?
WEDICAL CERT	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (natify medical examiner) O. TIME (Manth) (Day) (Year) INJURY PPROX.) I certify that M. (this hospito of M. (we) lost saw the decease	(Hour) 21E, 1 While Work	NJURY OCCURRED At Not While At Work and deceased from	21F. HOW DID I	NJURY OCCUR?	/29 19
21/2 OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) O. TIME (Manth) (Day) (Year) INJURY PPROX.) I certify that We (this hospital)	(Hour) 21E, 1 While Work	injury occurred At Work deceased from (did) (dim) v Atterphy	21F. HOW DID I	NJURY OCCUR?	/29 19
21/2 OF OF (AI)	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) O. TIME (Manth) (Day) (Year) INJURY PPROX.) I certify that (this hospito of the couses stood hour and from the causes stood of the couses stood of the causes stood of the cause stood o	(Hour) 21E 1 While Work Dattended the ed olive on	INJURY OCCURRED At Not While At Work deceased from 8/29 M.D. Atte	21F. HOW DID I 21F. H	NJURY OCCUR? 19 65 to 8 that in (our) op h.	238, DATE SIGNED 238, DATE SIGNED 8/29/6 Pilos Belleman

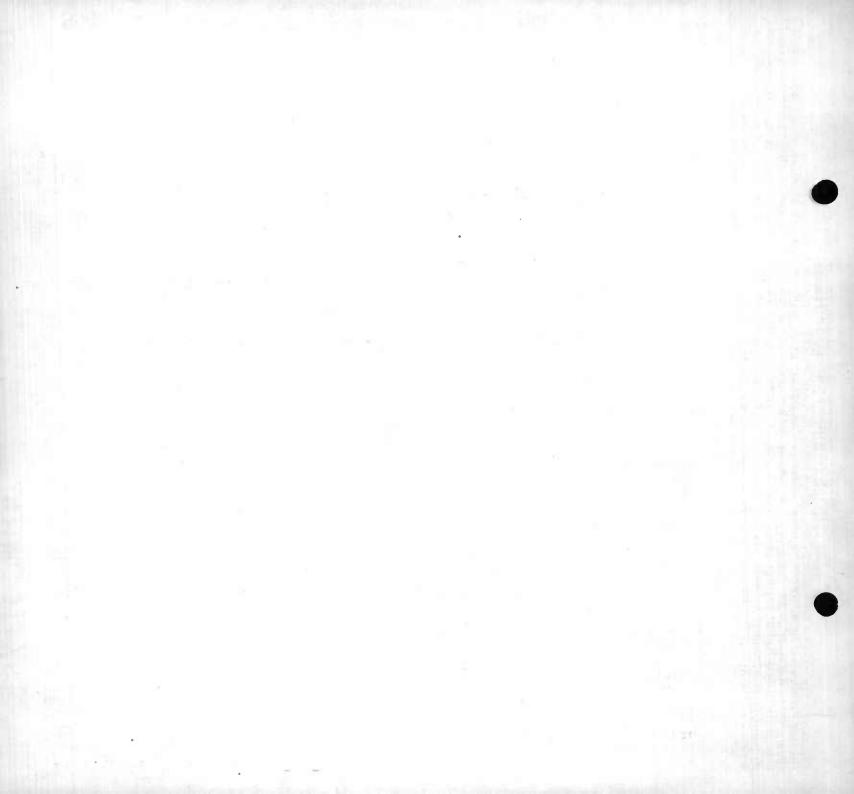
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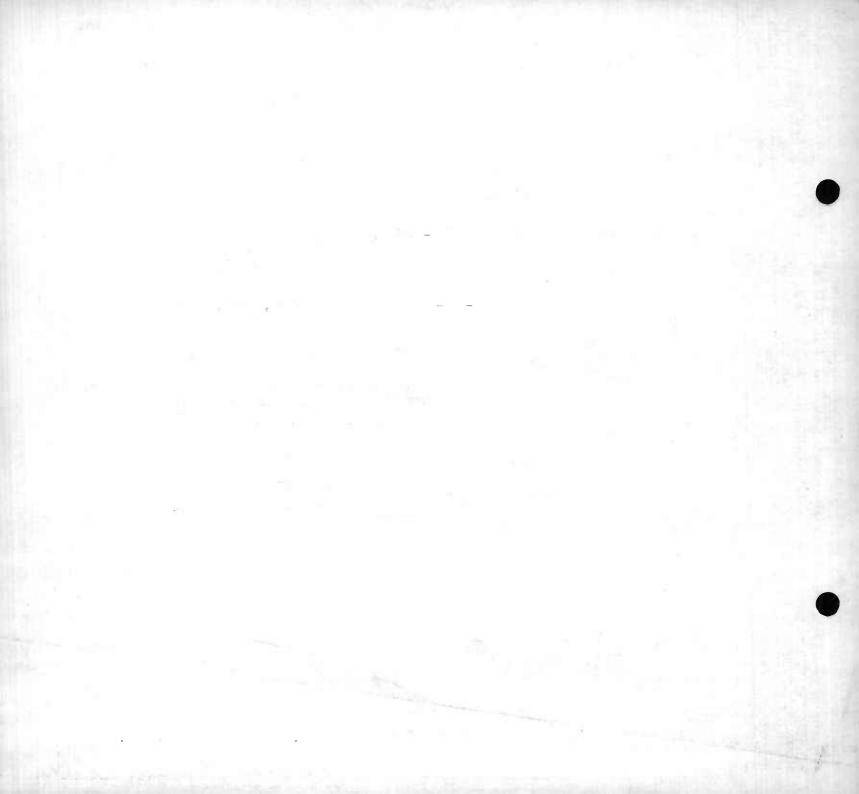


M	RTH NO. 65 8900 CERTIFICAT	TE OF DEATH Registered No. 55 8966
	HOLUB, FRANCE	8 29 1965 5. 40
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admi.
	FULL NAME OF (If not in hospital or institution, give street	Maryland 1-02
	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	Jana Memolial Hospital.	D. STREET ADDRESS (If rurol, give location)
_		2634 Ashland avenue #5
5.	WIDOWED DIVORCED (specify)	9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours M
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11	
de	Delegate (both true) Md.	Baltimore Maryland Jamena
13	FATHER NAME	4. MOTHER'S MAIDEN NAME
	John Brill	Matilde Tosisfek
15 (Y	es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	7. INFORMANT Carl Holub 1315 Nor thern Pki
	William -	Dr K.M. Henoundain Urnin Memori
	18. CAUSE OF	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	varcinous lings 1962 1
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Eviolar cell Ca 1962
	ANTECEDENT CAUSES (B)	10 cocar cu (a) 1965.
	DISEASES OR CONDITIONS, if ony, giving	
	uise to the above couse (A) stoling the (C) UNDERLYING CONDITION lost,	
	. 11	0.0
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	geras
A CIT	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
COTIEIO	WAS PERFORMED	1FS
14	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office peach (notify medical examiner)	or about 21 C. WHERE DID (If in Baltimore City, give exact location) ce bldg., INJURY OCCUR?
AAEDIO		21F. HOW DID INJURY OCCUR?
AAE	OF INJURY (APPROX.) While AI Not While At Work	
	22. I certify that (I) (this hospital) attended the deceased from	913 1965 to 8129 196
	that (1) (we) lost saw the deceased alive on	19 65 and that in (my) (our) opinion death occurred on the
	and hour and from the causes stated above, (I) (We) (did) (dId not) vie	ew the bady ofter death.
	23A. SIGNATURE	23B, DATE SIGNED
	M.D. Attend Phys.	Director Phys.
	23C. PHYSICIAN'S NAME (Type) A A A A A A A A A A A A A A A A A A A	Canon Memorial Hospital Rollina
24	IA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, town, or county) (St
	Burial 9/2/65 Oak Lawn Ceme	tery Baltimore Md.
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	AUG 31 1965 Robert E. Farluma	Schimunek Funeral Home Inc. 2601-03-05 E. Madison Street #5
V	150-REV. 1/1/65	8 4 8 1

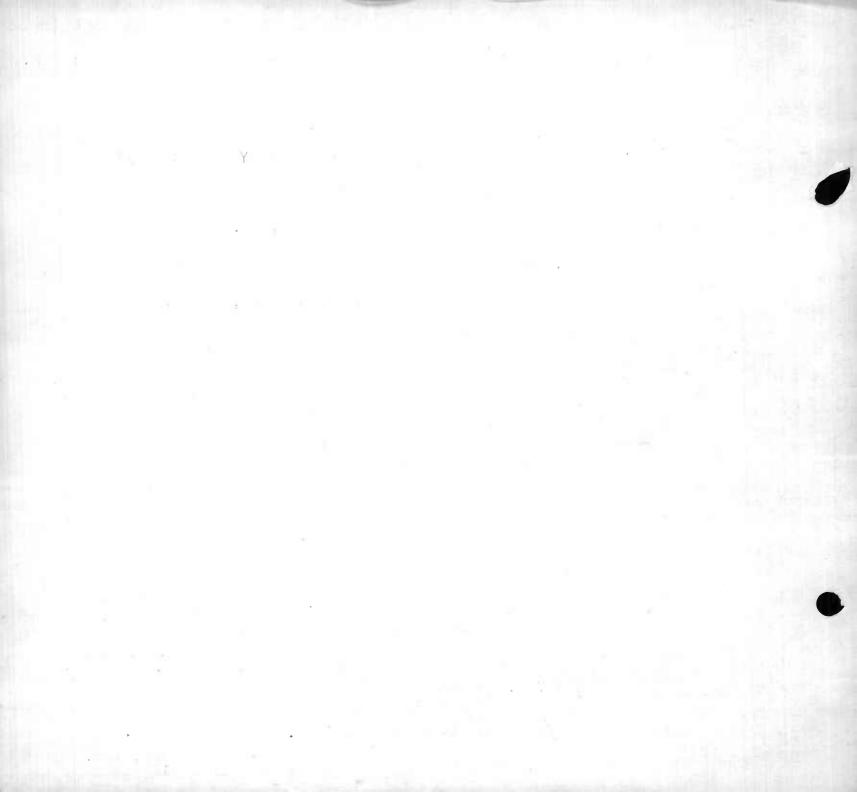
BALTIMORE CITY HEALTH DEPARTMENT



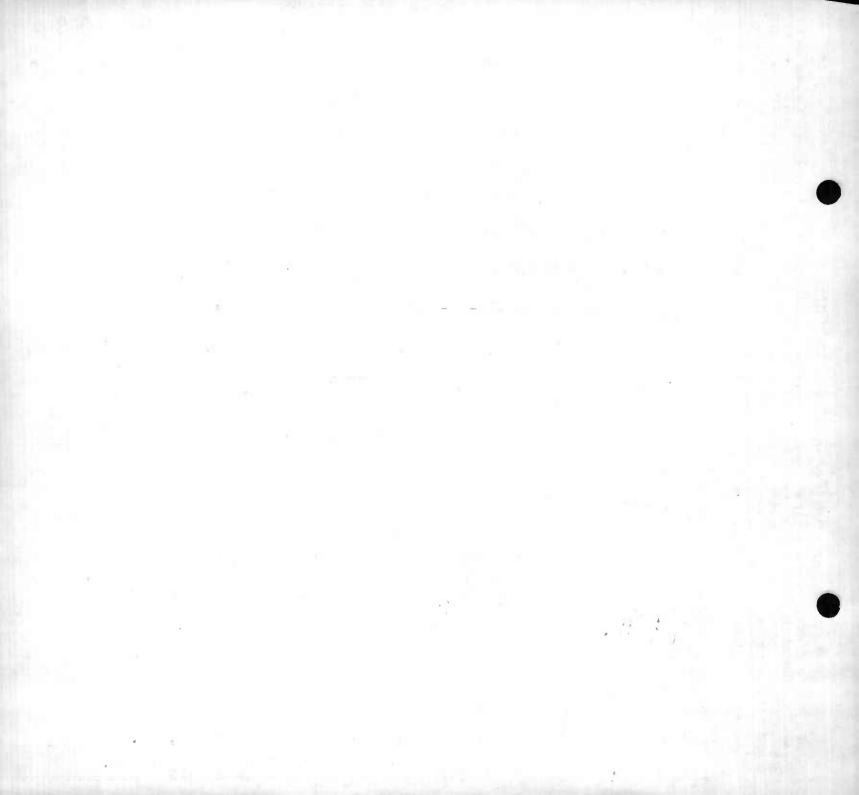
BIRTH NO.	65 8	967	CED TIELCA	TE OF DEAT	Registered	10. 65 QQE	330.
M.E. CASE NO.			CERTIFICA	TE OF DEAT	H vegisiered	00 ठउ६	1
Type or Print)	ASED	·-			TE AND HOUR OF DEA	ATH O	
PLACE OF DEA	Unt Mr.	Frank	Joseph	H4 HSHAL RESIDENCE	8-29-65-	- 6	
. FLACE OF DEA	THE IN BACTIMORE IN	ARILAND		A. STATE B.	COUNTY lived.	If institution: lesidence befo	re odmissio
FULL NAME O		ol or institution, give	street	/Marylan	nd /	6 34	
HOSPITAL OR	oddress or tocot	ion)		C. CITY OR TOWN		rite RURAL and give towns	nip)
				D. STREET ADDRESS	(If rurol, give location		
Ban S	jecours	Hospita	1	FO 7			
5. SEX	6. RACE	7. MARRIED, NEV		B. DATE OF BIRTH	P. AGE (In years		
1.0	14/	WIDOWED, DI	VORCED (specify)	4-8-10	Local birds day	Months Doys Hou	Min.
MA USUAL OCCI	IPATION (Give kind of w	widowed	INESS OR INDUSTRY	11. BIRTHPLACE (Stote		12. CITIZEN OF	i
done during most of v	working life, even if retired)	INESS OR INDUSTRI		or roreign country/	WHAT COUNTR	(?
Boiler	makeir.	Local	193-Unior	Balt. M	10.	USA.	
13. FATHER'S NAM	AE.			14. MOTHER'S MAIDE			
Geor	ge Zur	nt		Anna (thilar		
5. Was Deceased	Ever in U. S. Armed F	orces? 116.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	, , , , , , , , , , , , , , , , , , , ,		10-1075	Frank 7mm	t, Son, Abo	NIO	
1B. // //	3 V 1-1	1.2 /	CAUSE O		t, John, ADC	INTERVAL B	ETWEEN
DISEAS	E OR CONDITION D	DIRECTLY			1 - 1	ONSET AND	DEATH
	LEADING TO DEAT		a Qr	the converti	on hear fo	witure 3 we	eles
	at mean the mode osthenia, etc. It mean		DUE TO	4		vilene 3 we	,
	plication which cause		W.	-00.	Line D. L.	cardio - ne	
A	ANTECEDENT CAUSI	ES	(B) 10 Mg	5 femore an	and feeling c	care qe	~17
DISEASES O	R CONDITIONS, if	any, giving		Vere	erio telestice en di seau at four li		
	abave cause (A CONDITION last,	a) stating the	(C) 4 C	arci riong	of four les	4	
ONDEREITING							
Z OTHER SIGNII	FICANT CONDITIONS	CONTRIBUTING					
E TO THE DI	EATH BUT NOT RE	LATED TO THE					
	OPERATION 198. CO	NOTION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes		ERE FINDINGS CONSIDERE	D
19A. DATE OF	WAS PI	ERFORMED		yes		CAUSES OF DEATH?	
OR CONTRIBU	T WAS UNDERLYING		CE OF INJURY (e.g., i	fice bldg, INJURY OCC	OID (If in Bohi	more City, give exoct locat	on)
	medical examines	etc.)	iiii, locioly, street, o	nee blug, INJURT OCCI	J K:		
	(Month) (Doy) (Yeo	r) (Hour) 21E, INJI	URY OCCURRED	21 F. HOW DI	D INJURY OCCUR?		
OF INJURY		While A	Not While	• 🗇			
		Work	At Work	7,440		1	1
22. I certify	that (1) (this hospit	ol) ottended the de	ceosed from	lugust 22,	19 65 ta		19 65
that (I) (we)	last saw the decea	sed alive on	sugnes 29,	6301265 0		opinion death occurred	on the do
and hour ond	from the causes st	ated obove. (I) (W	e) (did) (dld not) v	iew the body ofter de	ooth.		
23A. SIGNATU	RE A	, 1,		Tellis Triberia		23B, DATE SIGNED	181
	Syma /1	ack Kim	M.D. Atte	ending Med. Director	Stoff Phys.	august 9	9 6
23 C. PHYSICIA	N'S	1 11		23D. ADDRESS		, 10	1.00
IAMINE (1)	B. H	. KIIV	1. M.D.	Bon	Secours 1	lospital.	
	MATION, 24B. DATE	24C. NAME	of CEMETERY OF CRI	MATORY 2	4D. LOCATION	(City, town, or county)	(Stote)
REMOVAL (S	9/2/6	E Baka	mion Modi	1 C	D. 144		
Burial	BY HEALTH DEPT.	25B. NAME OF RE		onal Cem.	Baltimon	ADDRES	
AUG 31			- Colores	la!	all s	O - II	
	1 1965 (P.P.	1-8 Fall	WE O	Denignes	ned De	150	21
S 150-REV. 1/1/6	.5	1	may w	Opion	Stausner	· JOST STEIM	a wai



BALTIMORE CITY HEALTH DEPARTMENT



B.	ALTIMORE CITY HEALTH DEPARTA	MENT	
	ERTIFICATE OF DEA	TH Registered Na	65 8969
M.E. CASE NO. 1. NAME OF DECEASED	2. 1	DATE AND HOUR OF DEATH	
(Type or Print) RUTH SmiT		8-29-65	1 10:10 mm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDEN	B. COUNTY	titution: residence, before odmission)
FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR oddress or tocotion) INSTITUTION		Balto · Citu	
SIWAI It SpiTTL OF BA	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
BALTO. 15, md.	3908	Erdnaw AV+	ξ
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	CED (specify)	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINES	S OR INDUSTRY 11. BIRTHPLACE (Sto	to or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife House	isfe BAL	76.	U.S.
13. FATHERS NAME	14. MOTHER'S MAI		
WILBUR EATON	Christ	ine RAU1	
15. Was Deceased Ever in U. S. Armod Forces? 16. SOC	IAL URITY NO.		ADDRESS
No 215-03		BAWD, Above	
18. 170×1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	A	
(This does not meon the mode of dying, e.g.,	DUE TO COMPA	asis to LUNG	1 1730-1963
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)			
ANTECEDENT CAUSES	(B) + K+ ARW	1 + (3) LI ver	
DISEASES OR CONDITIONS, if ony, giving	DUE TO		
rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.	(C)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION 20A. AUTOPSY?	(es or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE	of thjury (e.g., in or about 21 C. WHER factory, street, office bldg., thjury of	E DID (If in Boltimore	City, give exact location)
DEATH (notily modical examinet)	NONE NOW		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY	OCCURRED 21 F. HOW	DID INJURY OCCUR?	
(A PPROX.) While At Work	Not While At Work		
22. I certify that (1) (this hospital) attended the dece	ased from 8/10/6	5 19 to 8/	29/65 19
that (1) (we) last saw the deceased alive an	8/29/65 19		ian death accurred an the date
and haur and fram the causes stated above. (1) (We) (
23A. SIGNATURE			23 B. DATE SIGNED
1a 0 1. 4.	M.D. Attending Med. Diroc	tor Stoff Phys.	8-29-65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
	M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CREMOVAL (Specify)	EMETERY OF CREMATORY	24D. LOCATION (City	, town, or county) (State)
Burial 9/2/65 Oak L		Baltimore,	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	Schimune	k uneral Home	ADDRESS
AUG 31 1965 P. C. A E J. C. S.	10 3381 Pre	hms Lane #13	7
VS 150-REV. 1/1/65			

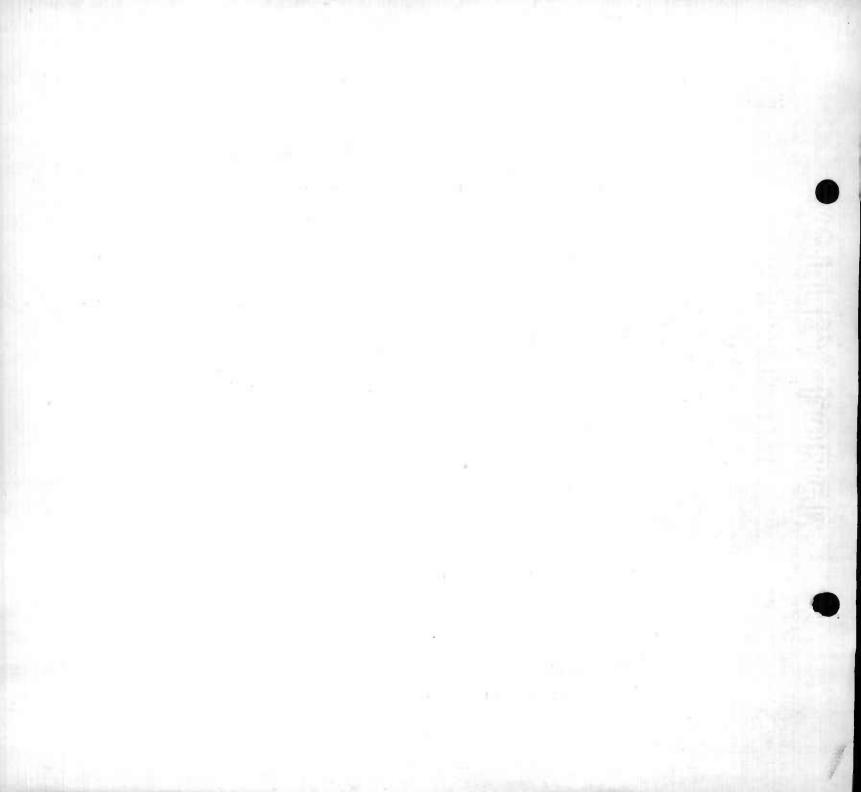


			65 8	9711	CERTIFICA	TE OF DE 1 TIL	Paristand No	. ha 0000
56654	M.I	H NO.		010	CERTIFICA	TE OF DEATH		
of death of death Deceased e on the	1. N	AME OF DECEA	ASED	. 16			ND HOUR OF DEAT	
- D	(17)	D.	OVSEY I	tilde	a	Ang	28, 196	institution: residence before odn
t o o o t	3.	PLACE OF DEAT	H IN BALTIMORE, MA	ARYLAND		A. STATE B. COU	ere deceased lived. If NTY	institution: residence before adm
S		FULL NAME OF	(If not in hospital oddress or location		give street	Maryland	Carr	e RURAL and give lownship)
		NSTITUTION	oddless of locollo	7117		C. CITY OR TOWN	ulside city limits, writ	e RURAL ond give lownship)
E 3 + L	100		1 .1	1	i	D. STREET ADDRESS	7	56-00
_ = 0 0.2		Univers.	,ty Hos,	PITEI				
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nin Bulguled	3 3		RACE	WIDOWE	D, DIVORCED (specify)		llost highdoyl	Months Doys Hours
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9		Provide 1514 Di			D. STREET A		rurel, give lecetion)		
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V3 150	-REV. 1/1/65	4000		The state of the s		0	Sec.		

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TO DE STATE OF THE	COLORED	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) MARRIED ND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 12-30-19	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during mast of v	vorking life, even if retired)		Va.	noigh dubiniy)	WHAT COUNTRY?
13. FATHER'S NAM	GUS TAYLOR		14. MOTHERS MAIDEN N EMMA FOR		
15. Wos Deceased (Yes, no or unknown)	Ever in U. S. Armed Forces? (If yes, give wor ar dotes of se	1 6. SOCIAL SECURITY NO.	Dolpha True	sole 272	3 W. Nev TZ AU
(This does not heart failure, injury or com the many of the many o	LEADING TO DEATH of mean the mode of dying, asthenia, etc. 11 means the di plicotion which caused death. ANTECEDENT CAUSES R CONDITIONS, if any, obave cause (A) stating CONDITION lost. II FICANT CONDITIONS CONTRI EATH BUT NOT RELATED TO	giving g lhe (C)	Corcino Corcino Contract Contract	matosi CA	7
194 day	OPERATION 198, CONDITION WAS PERFORMED IT WAS UNDERLYING TING CAUSE OF medical examiner)	FOR WHICH OPERATION Ca Stomach 218. PLACE OF INJURY(e.g., i home, farm, foctory, street, o etc.)	gover		FINDINGS CONSIDERED USES OF DEATH? © City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hou			NJURY OCCUR?	
22. I certify that (I) (we)	from the causes stated above.	decement M.D. Att. Phy	19and	that in(my) (aur) apl	nian death accurred an the date
NAME (T) 24A. BURIAL CREA REMOVAL (S) 25A. DATE REC'D AUG 31 VS 150-REV. 1/1/6	BY HEALTH DEPT. 25B. N 1965 P. Co. B. E	AN BOX FOR MINE		/	ADDRESS



M.E. CASE NO 1. NAME OF E (Type or Print)		/	ATE OF DEATH	Registered No	TH 0070
	DEATH IN BALJIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Whe		EYO PAY
FULL NAM HOSPITAL O	E OF (If not in hospital R oddiess or location	or institution, give street in)	M d	Bath	e RURAL and give townshi
8 4	Nivers ity	Hosp	1404 W.L.	rural, give location)	ore
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	12/16/20	9. ADE (In years lost birthdoy)	If Under 1 Yr. If Un Months Doys Hours
done during mas	af working life, even if retired)	TIOB, KIND OF BUSINESS OR INDUSTR	Bulto	ign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS N	IAME (Mains	14. MOTHER'S MAIDEN NA	/	
15. Was Decea	sed Ever in U. S. Armed Fo	rees? 16. SOCIAL	17. INFORMANT	mile	ADDRESS
(Yes, no or unkn	(If yes, give wor or dot	es of service) SECURITY NO.	Aidel S 17. INFORMANT Sam Sm	1+4	514
18. / 4	3 X I	CAUSE	OF DEATH		INTERVAL BET
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(This doe	nat mean the made at	dving, e.g., DUE TO	Co of glon y	701 11-02	2
heart fails	re, asthenia, etc. It means	ille disease,	000		3-1-1100
Injury di	ANTECEDENT CAUSES	- 483			757
DICEACEC		DUE TO			99999 6 *******************************
	OR CONDITIONS, if the abave cause (A)				
UNDERLY	ING CONDITION last.				
≧ TO THE	II SNIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THE			
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OR CONT	DENT WAS UNDERLYING [IBUTING CAUSE OF tify medical examined —	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg. INJURY OCCUR?	(If in Boltim	nore City, give exact locatio
21D. TIME	(Month) (Doy) (Year)	(Hour 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not Wh			
22, 1 cert	ify that (1) (this hasnita	I) ottended the deceased from	N/V/	19 65 10	8/29
		ed alive on 8/2-7			pinion death occurred
		ated above. (I) (We) (did) (did not)			
23A. SIGN		7	/ / / / / / / / / / / / / / / / / / /		23B. DATE SIGNED
J	D. Tosh	M.D. A	Med. Director	Stoll Phys	8/2./
23C. PHYSI	CIANS	P	23D. ADDRESS	Phys.	0/20/63
NAM	D/2 1/2 D	Tosless M.D			
24A. BURIAL (REMATION, (24B. DATE	1 001- 3		OCATION	(City, town, or county)
	L (Specify)	- mx A	P	- A	County of County
DUVICE DATE DE	TO BY HEALTH DEBY	1250 NAME OF PECISION	Cem.	ellemne	, Ind ,
ALIC	31 1965 (P.O.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	WP 130	ADDRESS
auu	0 1 1000 III. Va	ALL I SEL I MUNICIPIENT "3"	Maria 11	11 am / 15 X	

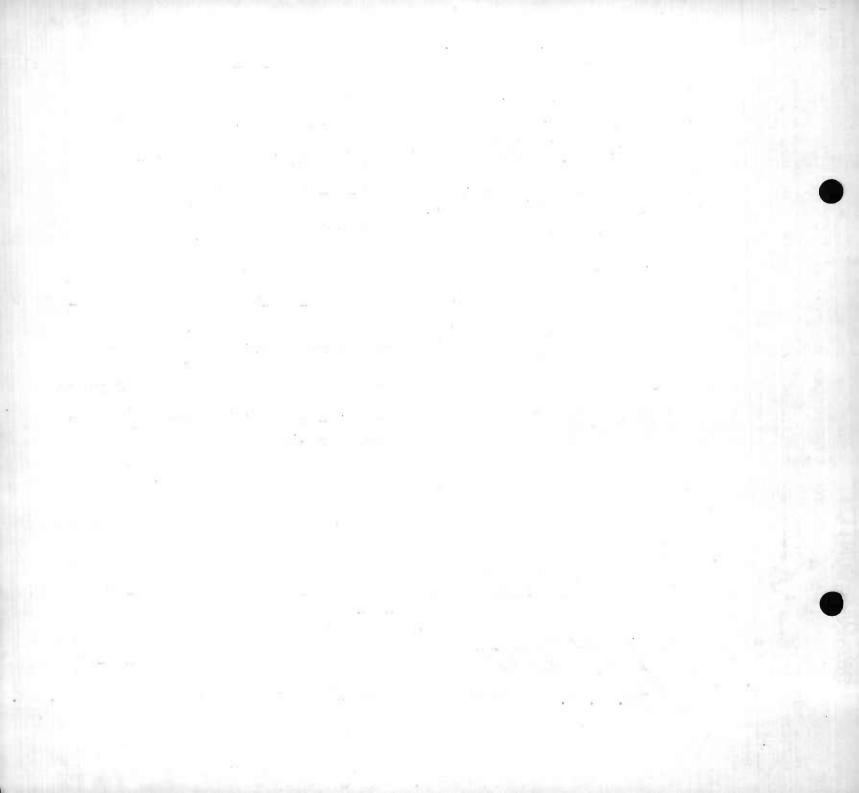
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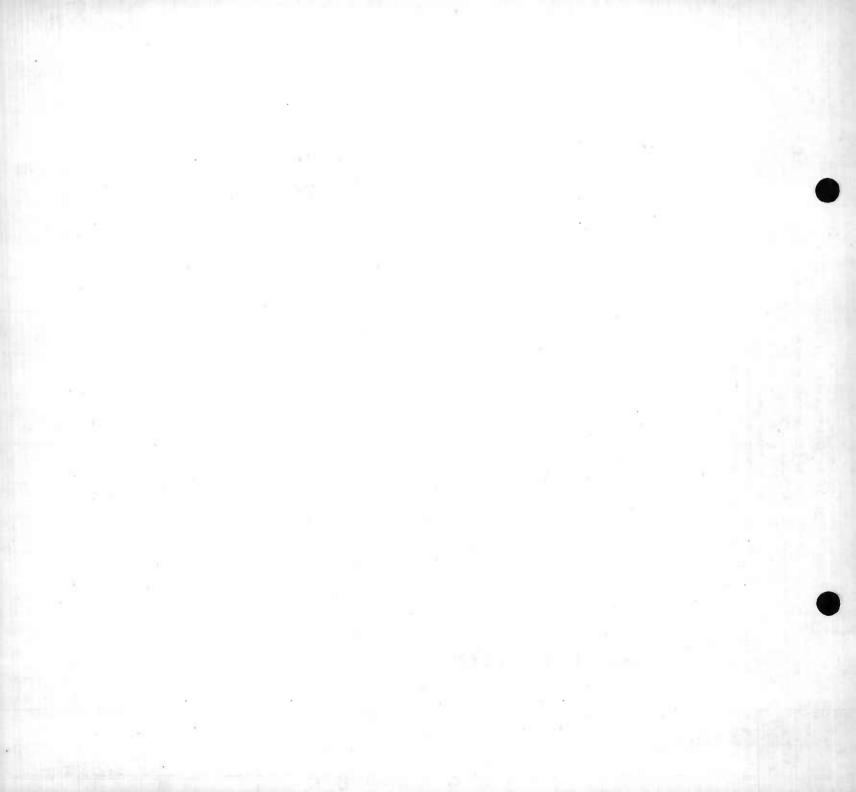
George House no what I have Philoso 45 3. 600 Harren ge Som Smith quin Lange ?? agand 1-2/5 44 PP Toshin Philip P Testes

M.E. CASE NO. 1. NAME OF DECEASED (Type of Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore Baltimore Baltimore Maryland 2124 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Mare OF BISTH 9. AGE (In years (ast birthday)) Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore Baltimore 0. STREET ADDRESS (If under 1 Yr. II Under 24 Hrs. Months; Doys Hours Mains, Months; Doys Hours Min. Months; Doys A. 13. FATHERS NAME Harry Faid Sey 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Foices? 16. SOCIAL NO. 17. INFORMANT ADDRESS	F340	C I'm A		HEALTH DEPARTMENT	De tere el Ne	65 8974
The control of the co	M.E. CASE NO.	3974	CERTIFICA		Registered No	00 0374
TULL NAME OF MOSPITAL OR MATERIAL OR Secretary of the Control of Maryland Carry of the Control of Maryland Carry of the Control of Maryland Carry of the M	(Type or Print)	. Faidley				2:35P m.
Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Mary and 21204 5.5E 6.AACE 6.AACE 7. Widowto, Myover Marenee 6.AACE 7. Widowto, Divorce to psecify 8.DATE of Birth 8.DATE of B		in hospital ar institution,	give street	Maryland	ALME	7-04
Baltimore Marvland 21224 922 Shuter Street 21231 1. MARRIEO, NEVER MARRIEO 1. MARRIEO, NEVER MARRIEO 1. MODEVED, DIVORCE (1) pecify) Married 8-23-1902 8-23-1902 8-23-1902 1. MARRIEO, NEVER MARRIEO 1. MARRIEO, NEWER MARRIEO 1	Baltim	ore City Ho		Baltimore		JRAL and give townskip)
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Second S	5. SEX 6. RACE	7. MARRIED WIDOWE	D, DIVORCED (specify)	8-23-1902	63	
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Records:BCH-4940 Eastern Avenue 2122 Records:BCH-4940 Records:	3. FATHER'S NAME	Harry FA	iddey	14. MOTHER'S MAIDEN N		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION SONTRIBUTING UNDERLYING CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING WAS PERFORMED OF CONTRIBUTING CONDITION COUNTING TO THE DISEASE OR CONDITION COUNTING TO THE DEATH SUT DISEASE OR CONDITION COUNTING TO THE DEATH SUT DISEASE OR CONDITION COUNTING TO THE DEATH GIVEN CAUSES OF DEATH COUNTING CAUSES OF DEA	5. Was Deceosed Ever in U. S (Yes, no or unknown) (If yes, give				4940 Easter	
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19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH? YOS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, loctary, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Work Not While At Work At Work At Work At Work Not While At Work At W	z	NDITIONS CONTRIBUTION	IG	Jremia		Years
21A. ACCIDENT WAS UNDERLYING CAUSE OF Contributing Cause OF Caus	DISEASE OF CONDITION	198. CONDITION FOR		20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?	OR CONTRIBUTING CA DEATH (notify medical exa	DERLYING 211 hor etc	B. PLACE OF INJURY (e.g., i me, larm, loctory, street, o	n or obout 21 C. WHERE DID		City, give exact lacation)
that (I) (we) last saw the deceased alive an 8-29- 19 65 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE	21 D. TIME (Month) (E	w	hile At Not Whi		NJURY OCCUR?	
23A. SIGNATURE			the deceased fram 8-29-	6h		-/
		auses stated above. ((I) (We) (dld) (dld nat)	riew the bady after death		
	23A. SIGNATURE	min m	a Mlo M.D. Att	ending Med.		
	Prince G			25C SUNERAL DIRECTO	Balto	Mex Address
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 9-2-1465 Mt Ortune On Butto 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR, ADDRESS	AUG 31 19	65 Robert E.	, tarkey M.O.	Halloy QU	conson 1000	Beauty Rice

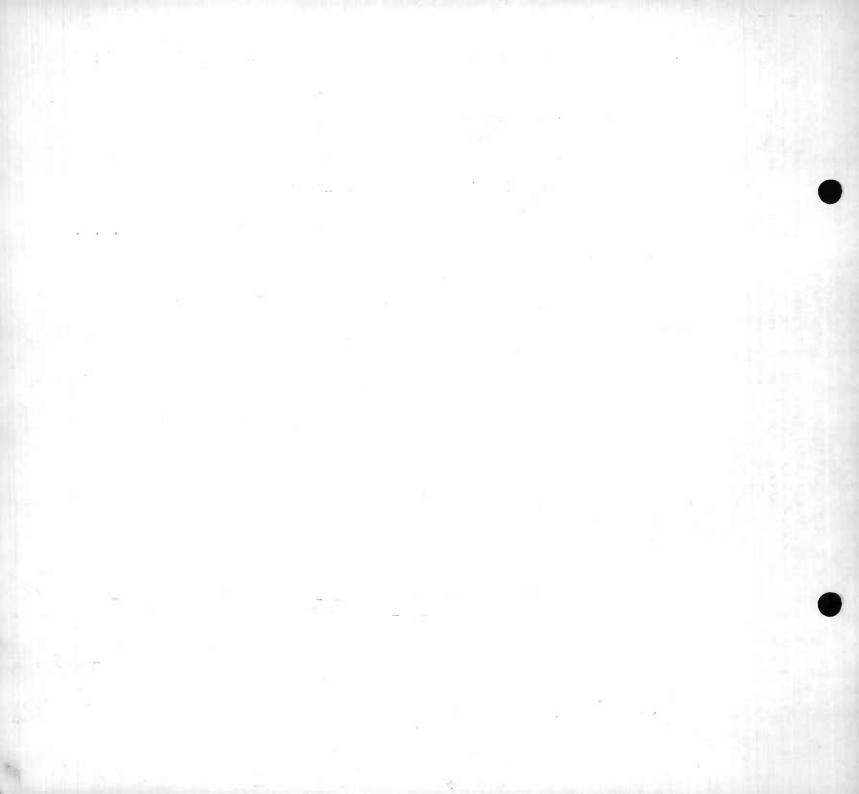


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B prost	M.E. CASE NO.	KIIFICATE OF DEATH	A 24
	(Type or Print)	2. DATE AND HOUR OF DEAT	
	Mabel Odum 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
		A. STATE B. COUNTY	6 20
	FULL NAME OF (If not in hospital or institution, give street oddress ar location)	Maryland C. CITY OF TOWN (If outside city limits, write	e RURAL and give tawnship)
a ho caus se; (5	Baltimore City Hospital		4 3
d in a ing cause; attend	4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)	27
70.2	Dar of mor of rear 3 fare 11 and	1224 3344 Hollins Ferry Ro	oad-#21230
th occurre contribut etermined n regular	5. SEX 6. RACE 7. MARRIED, NEVER M	ED (specify) lost birthdov)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OCC DUTY	Female Negro Married	7-14-93 72	
con con	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS dane during most of working life, even if retired)	OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
B - B - B	nousenfe	Maryland	USA .
	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
F 159	· · · · · · · · · · · · · · · · · · ·	Mais aule	
AN Stant e di ind;	15. Wes Deceased Ever in U. S. Armed Forces? (Yes na or unknown) life yes, give war ar dates af service) SECU	AL TINFORMANT	ADDRESS
Sist the kirk	0 1	RECORDS-BCH-4940 East	ern Avenue-#21224
IMPORT. r his assis Also, if the of any ki ounced denced	18.203XI	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
MP his lso, of a uncontrol	DISEASE OR CONDITION DIRECTLY		
Als Als	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	Pulmonary Embolish	Instant
0	heart foilure, asthenio, etc. It means the disease,		
O ring of	E ANTECEDENT CAUSES	(8) Myeloma	2 years
Xam Sami	, •		
RE (3)	rise to the above cause (A) stating the	(c) Arterio-Sclerotic Cereb	ral l year
- 0 - 0	E SNDERENNO CONDITION last,	Vascular Disease	
Si Ti Gi			
ERA lef med dy bu	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
NER hief r Body l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 121B, PLACE OF	PERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
J 0 7	0 8	Yes Yes	
	OR CONTRIBUTING CAUSE OF home, form, for	F INJURY (e.g., in ar obout 21C. WHERE DID (If in Baltim octory, street, office bldg., INJURY OCCUR?	note City, give exact location)
by the res.	<u> </u>		
<u> </u>	OF INJURY (APPROX.) Day (Year) (Hour) 21E, INJURY C While At Wark	OCCURRED 21F. HOW DID INJURY OCCUR?	
> = = 0 7	Wark	AT WORK	0.07
07 - 0			8-25 19 65
g o + = :	that (I) (we) last saw the deceased alive an	8-25- 19 65 and that in(my) (aur) a	pinian death accurred an the date
sed sed	and have a defeat the server master above (1) (Wa) (d)	id) (dld nat) view the bady after death.	
ust b assedent dent ospi	23A. SYSTATURE	AM AM STATE AND STATE OF STATE	23B, DATE SIGNED
must eleas ccide		M.D. Attending Med. Staff Phys.	8-25-65
S T S T	23 C. N. YSSY (AN'S NAME (Type)	23D. ADDRESS	#21224
certificate sody was s: (1) An s D.O.A. at			ue-Baltimore, Md
# 6	24A, BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	EMETERY OF CREMATORY 24D. LOCATION	(City, tawn, or coulty) (State)
This cert the body shows: ('	Beniel 8/36/65 Mt Our 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTER ALIG 31 1965 P. D. & E. S.	tan Cent Balto	mex
This ce the bod shows: was D.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RECHER	25C. TUNERAL DIRECTOR	ADDRESS
戸≑な多も	400 02 10 40 day	College Udelson 10	n/monthly al
	VS 150-REV. 1/1/65	0 11 1	





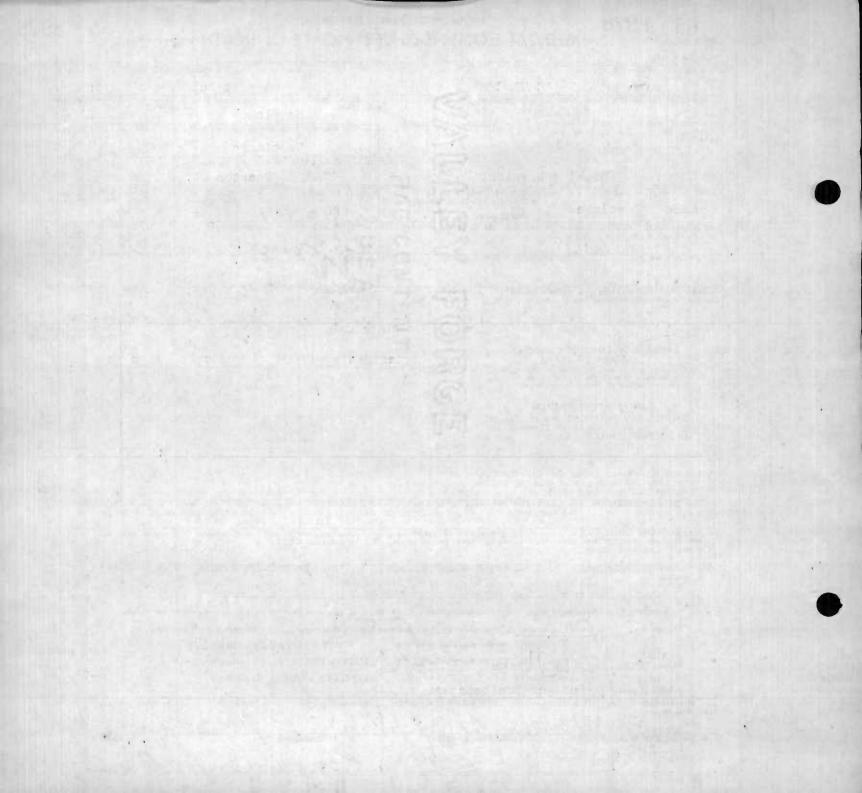
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of death Of death Deceased e on the		E CASE NO.	1/2-2		CERTIFICA	ATE OF L		ND HOUR OF DEATH		
de de con		pe or Print)		e Wrig	ght			-28-1965	3:4	M.
d in a hosing cause cause; (5)		FULL NAME OF HOSPITAL OR INSTITUTION BE	of the sattmore of the sattmore of the sattmore of the sattmore of the sattmore, Market in the sattmore in the sattmor	or institution, ity Ho n Aven	ospitals nue	Maryl c. city or 1 Balti D. STREET AN	and more	ore decoosed lived. If insuffice its limits, write R rurol, give locotion) Washington	URAL and give to	-07
th occurred in contributing etermined cau m regular attacks on is made.			Negro	7. MARRIEI	D, NEVER MARRIED ED, DIVORCED (specify)	5-5-1		9. AGE (In years lost birthdoy) 68	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
if death oct or of was in the death costition	13	FATHER'S NAM	ocking life, even if retired) Lousinfe Lousinfe	ze.	OF BUSINESS OR INDUSTR	Nort	ch Caro	lina	12. CITIZEN OF WHAT COU	A .
Ssistant the di the di kind; kind;	ίΫ́		Ever in U. S Armed Fo (If yes, give wor or dote Not	es of service)		Record		4940 Easte:	rn Avenu	ae 21224
IMPORTANT or his assistant Also, if the dir e of any kind; (nounced death attendance on			OR CONDITION DI LEADING TO DEATH	RECTLY		epsis			ONSET	hours
0 2 5 5 5	heart failure, asthenia, etc. It mean injury ar camplication which couse ANTECEDENT CAUSE		the disease I death.)	lisease,				8	years	
IREC. al exan (3) A in re		rise to the	R CONDITIONS, if abave couse (A) CONDITION last.				d Arte	rioscleros	is	?
	ACITA	OTHER SIGNIFITO THE DE	II ICANT CONDITIONS (ATH BUT NOT REL CONDITION CAUSING	ATED TO T						
chief y a r Body the	RTIFIC	19A. DATE OF	WAS PER	FORMED	WHICH OPERATION	162		O) 20B. IF YES, WERE F		res
=======================================	IA	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner)	21 ho et	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, (c.)	in or obout 21 C. office bldg., INJU	WHERE DID JRY OCCUR?	(If in Boltimore	City, give exact	locotion)
ed (6)	MFDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	W	Vhile At Not Work At Work	ile 🗂	HOW DID IN	JURY OCCUR?		545
of a of a of a of a of a		that (I) (we) I	lost sow the decease	ed olive on	the deceosed from	19.65	ond t	not in (my) (our) opin	8-28- ion death occu	
te must be s released n accident at a hospit		23A. SIGNATUR 23C. PHYSICIAN NAME (Ty)	er L. H	ugher	ma M.D. A	tending ys.	Med. Director	Stoff Phys.	8-28-	
This certificate the body was reshows: (1) An a was Do.A. at was Do.A. at was retrien appropriate the property	24	A. BURIAL CREM REMOVAL (Sp	AATION, 248, DATE POSITION, 1916	24C.I	NAME OF CEMETERY OF CO Mc Cufcur FOF REGISTRAR	Cont	astern 24D. 1	Ballo p	y, town, or county	
	V	150-REV. 1/1/65	47	arrive.	6 5 9 ==	Carre	wat	our jour of	contray!	



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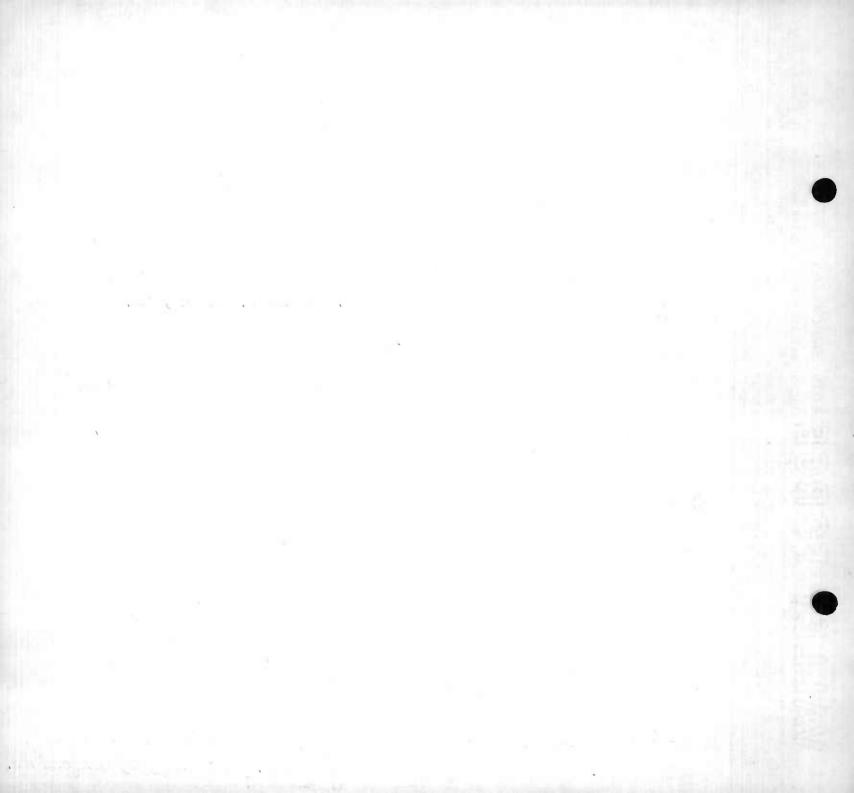
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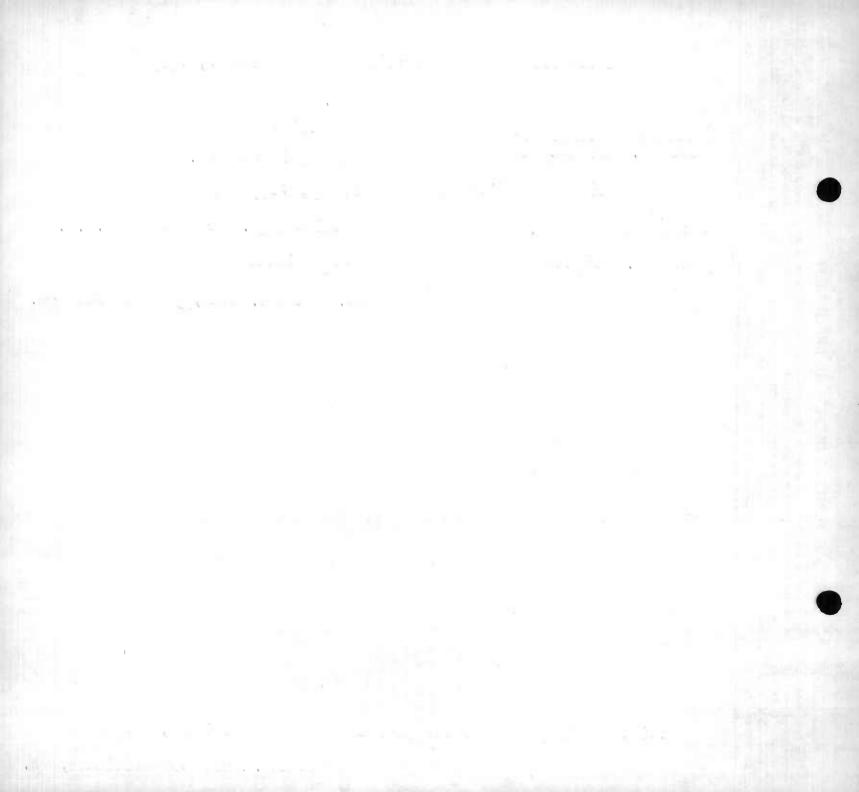
	65 8978	BALTIMORE CITY HE	ALTH DEPARTMEN	T	65	מלים
BIR	TH NO. ME	DICAL EXAMINER'S	CERTIFICAT	E OF DEATH Registe	red No	0370
M.	E. CASE NO.					
1.	NAME OF DECEASED			2. DATE AND HOUR PRONOUNCE	ED DEAD	
119	ISA	AAC VINCENT		August 26, 196	5 9:	30 p M.
3. 1	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived, If insti	itution: residence b	efore odmission)
			A. STATE	Maryland	9	2-01
FU HO	LL NAME OF (IF NOT IN HOS) DISPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOW	/N (If outside corporate limits, write	RURAL ond give	to was hip)
IN:	STITUTION			Baltimore		
-	2			ESS (If rural, give location)		
9	Honkins	Hospital	2241	E. Preston St.		
5. 9	SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	19. AGE (In years	If Under 1 Yr. I	I Under 24 Hrs.
	male colored	WIDOWED, DIVORCED (specify)	M 21.	lost birthdoy	Months Doys	Hours Min.
		MArried	1-19-	1909 64		
	A. USUAL OCCUPATION (Give kind of vone during most of working lite seven if retire	work 108. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COU	NJRY?
	Lahn-		Cur	Cao	le S.	14
13.	FATHER'S NAME		May MOTHURS	AIDEN NAME		
	112 Postor		Make	en a alba a		
	WAS DECEASED EVER IN U.S. ARM		17. INFORMANT		ADDRESS	
(16	s, no or unknown) (If yes, give wor or o	dotes of service) SECURITY NO.	90	11. +	1	
	ru.		Lecis	nor Ulmaland	Kumi	
	18.	CAU	ISE OF DEATH			VAL BETWEEN T AND DEATH
	DISEASE OR CONDITION	DIRECTLY			3:0	
	LEADING TO DEA		erioscierot	ic cardiovascular	aisease	
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which coust	ons the discose,				
	Injuly of compression which coos	ed deom.			576 m	
	ANTECENDENT CAL	USES (B)			430	
	DISEASES OR CONDITIONS, IN		***************************************			
	UNDERLYING CONDITION LAS	ST.				
Z		(C)	***************************************			
CERTIFICATION	II					
0	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT				NAME OF THE PARTY OF	
브	DISEASE OR CONDITION CAUS	ING IT.		***************************************		
ER	19A. DATE OF OPERATION 19B. C	PERFORMED	20A. AUTOPSY	(Yes or No.) 20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDI	RED
	XX		Yes	165		
EDICA	21A. EXTERNAL CAUSE WAS	21 B. PLACE OF INJURY (e.g.	g., in or obout 21C. W	HERE DID (If in Boltimore City, gi	ve exact lacation)	
ā	UTING CAUSE OF DEATH.	etc.)				
Σ		Yeor) (Hour) 21E. INJURY OCCURRE	D 21F. HC	W DID INJURY OCCUR?		
	OF INJURY (APPROX.)		T WHILE			
		m. WORK AT	WORK			Name of the last
	22. I certify that I held on	Inquiry Inspection	Autopsy 🗴 and	that on this bosis, death in n	ny opinion	
	resulted from: Notorol	couses X Accident Duic	de Homicie	de Undetermined monne	er 🗆	
	10301100 1101111 11010	7	/	EDICAL EXAMINER		
	ACTUAL (no tura.			DAT	TE SIGNED
	SIGNATURE /	100 coason	. D.	EDICAL EXAMINER*	Q	27-65
	EXAMINER'S		ASSOCIATE M	EDICAL EXAMINER	0-	27-03
22		iger Breitenecker	V	1020 10047011 (0)	town or court	(State)
	A. BURIAL CREMATION 23B. DATE	23C. NAME OF CEMETER	Y of CREMATORY	23D. LOCATION (City,	, town, or county)	(Stote)
	Burnit 8/3/	11665 MATCALA	ed Court	12117-60	un.	Mex
24.	A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRES	S
	AIIG 31 1965	00 F. Q. T. D. 42	60	1211 1	n	20 1



	SWAN	ARYLAND		4. USUAL RESIDENCE IVA. STATE 8. CO	Where deceased lived. If	institution: residence befare odmission
FULL NAME HOSPITAL O INSTITUTION	OF (If not in hospital address or location UNION	or institution, an) HEMO THL	RIAL HOSPI	C. CITY OR TOWN (IF	outside city limits, write NDALE AVE. (If rural, give lacotian)	RURAL and give township Rolls 21274.
5. SEX	WHITE.	WIDOWE	NEVER MARRIED D, DIVORCED (specify) 0 WED	B. DATE OF BIRTH 9-28-90	9. AGE (In years fost birthdoy)	If Under 1 Yr. If Under 24 Hr Manths Doys Haurs Min.
dane during most	of warking lile, even if retired)	k 108. KIND OI	BUSINESS OR INDUSTRY	VIRGINAL 11. BIRTHPLACE (State or VIRGIN)	iA.	12. CITIZEN OF WHAT COUNTRY?
	RLES F	LETC	HER	ELLA		
15. Was Deceas (Yes, no ar unkno	ed Ever in U. S. Armed Fa wn) (If yes, give war ar dat	rces? es af service)	SECURITY NO.	Mr. Howard	T Leggue	Sr. same
DISEASES rise to UNDERLY! OTHER SIGNED TO THE	LEADING TO DEATH not meen the mode of e, ostherio, etc. fi meen: omplication which coused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION lost. III CONDITION CONDITIONS DEATH SUT NOT REL DEATH SUT NOT REL DECONDITION CAUSING OF OPERATION 198. COI	d dying, e.g., so the disease, dideoth.) Sony, giving stoling the CONTRIBUTINALED TO THIS.	(C) Alto	L MONARY HEART FAI henia Jollowin L.	LURE y Gram n	3 K, 4 d. Lylia.
OR CONTR	28 - 63 WAS PEI Prof DENT WAS UNDERLYING IBUTING CAUSE OF lify medical examiner)	21 B horr etc.	INJURY OCCURRED ife At Nat Whi	le 🦳	IN CERTIFYING CA	re City, give exoct locotion)
that (I) (w	Slander Slander	ed alive on	August () (We) (did) (did nat)	yiew the bady after dear	Staff Phys.	238, DATE SIGNED
	(Type)	ER HO:	EVEN M.D.	UN	ION HE KO	KIAL TWANT

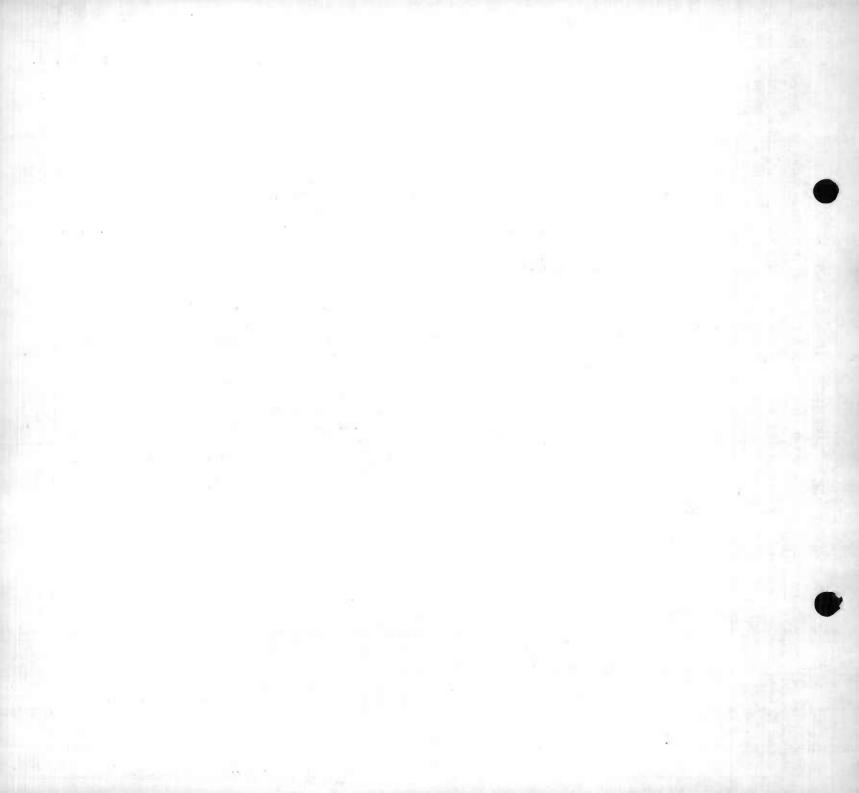
BALTIMORE CITY HEALTH DEPARTMENT



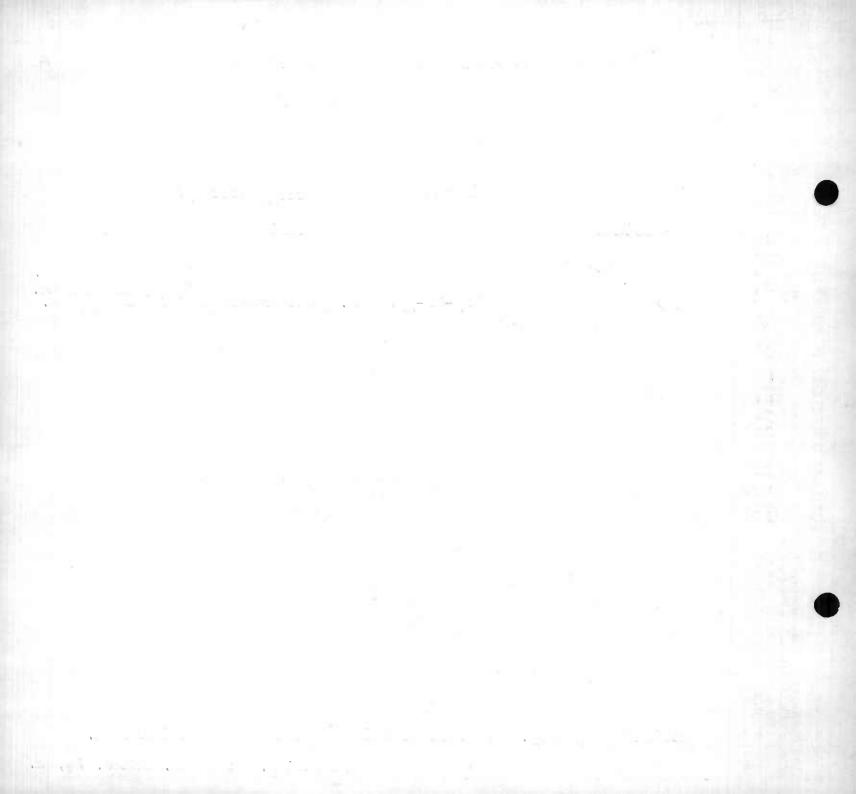


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FUNERAL DIRECTOR:



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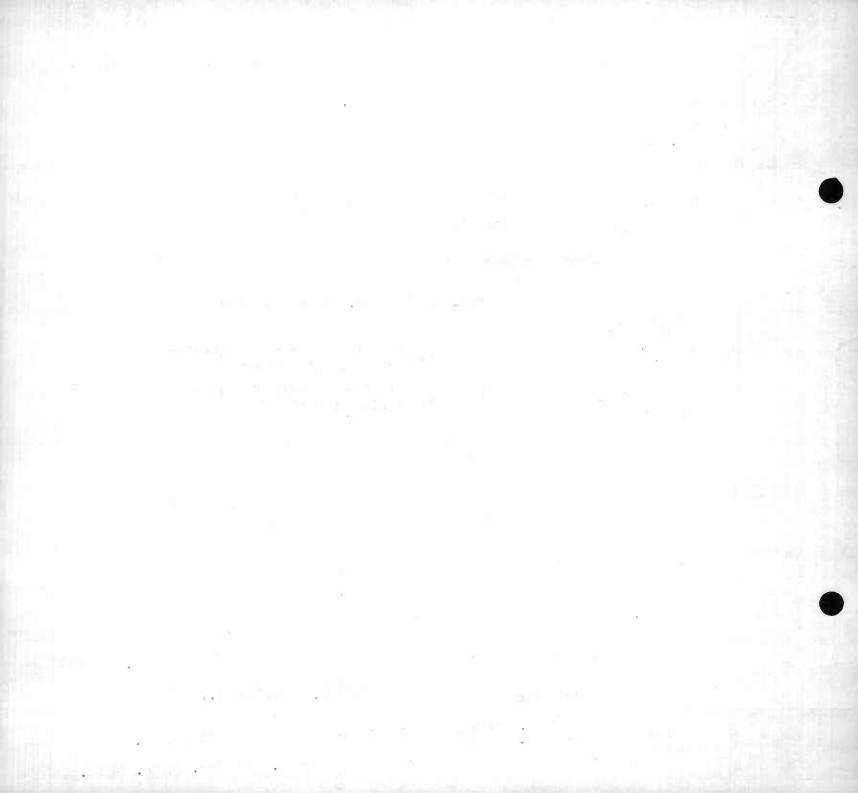
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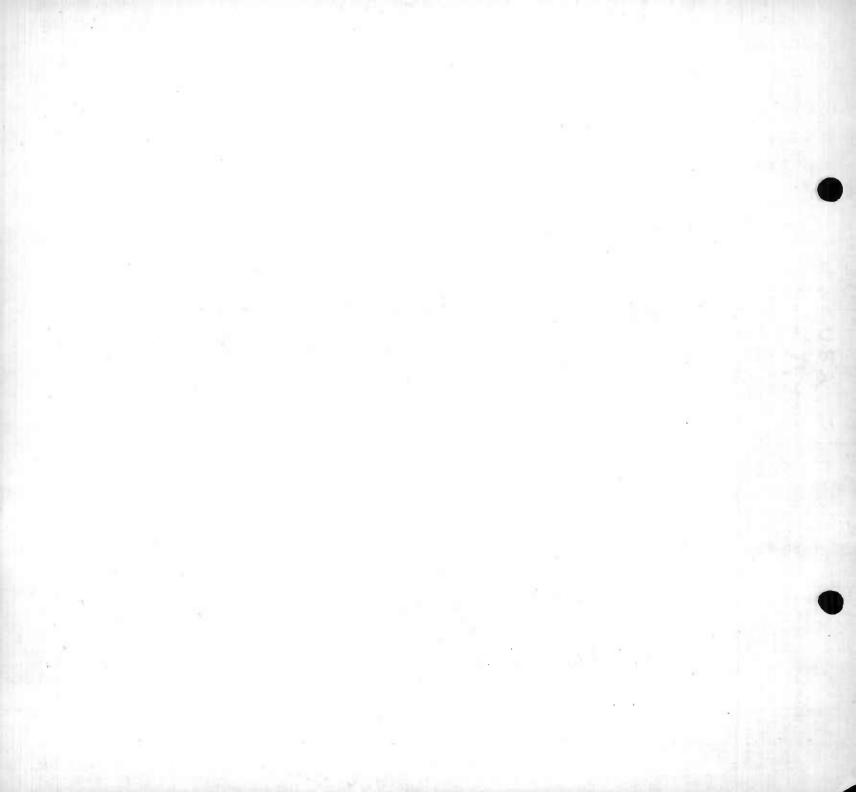
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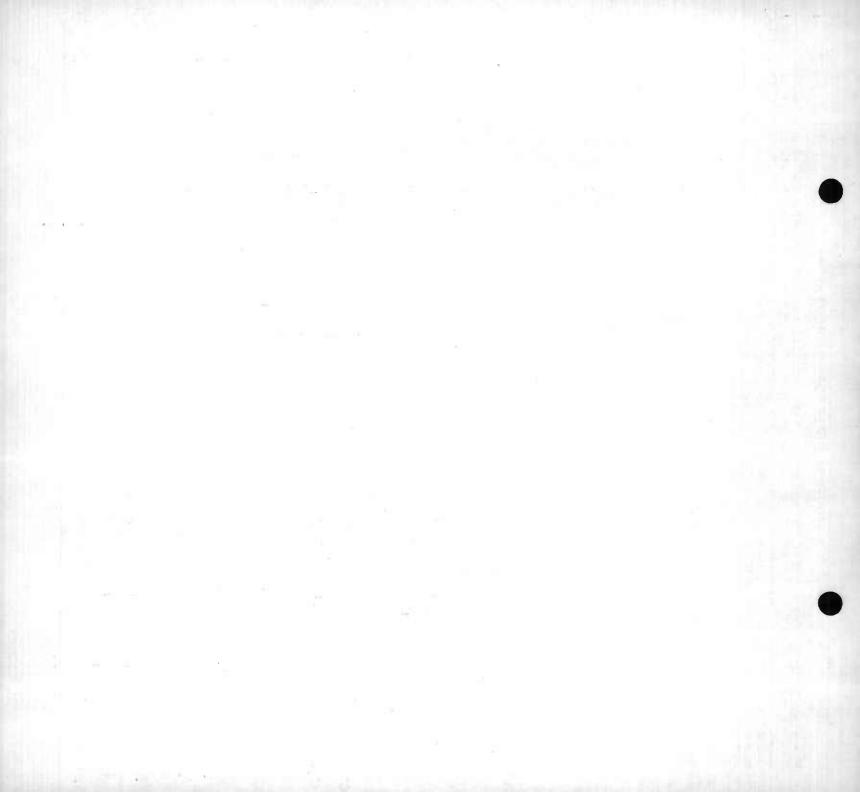
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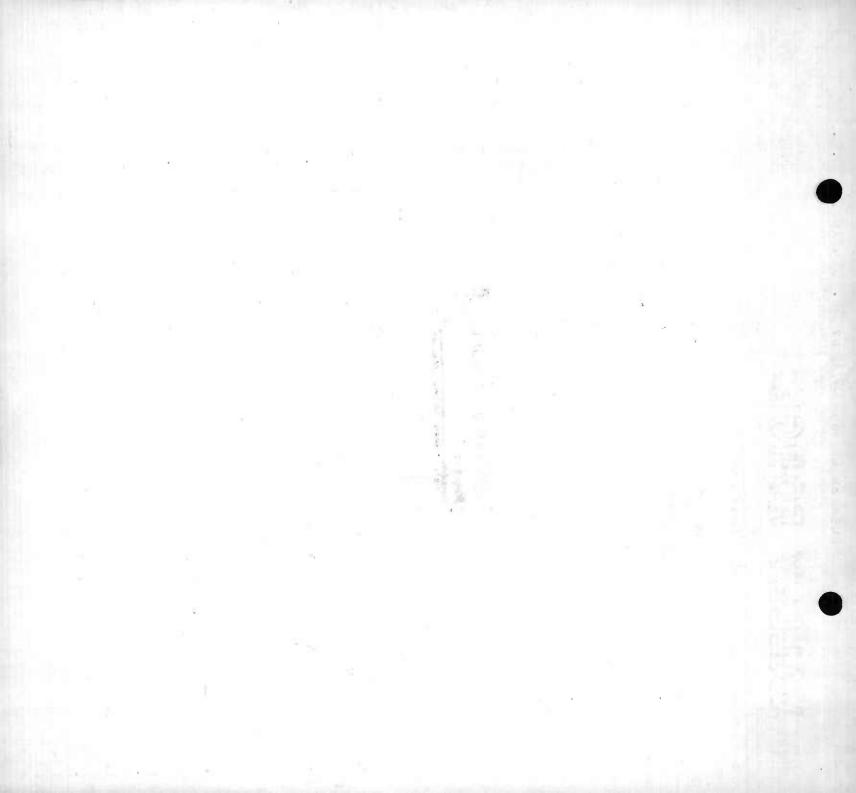
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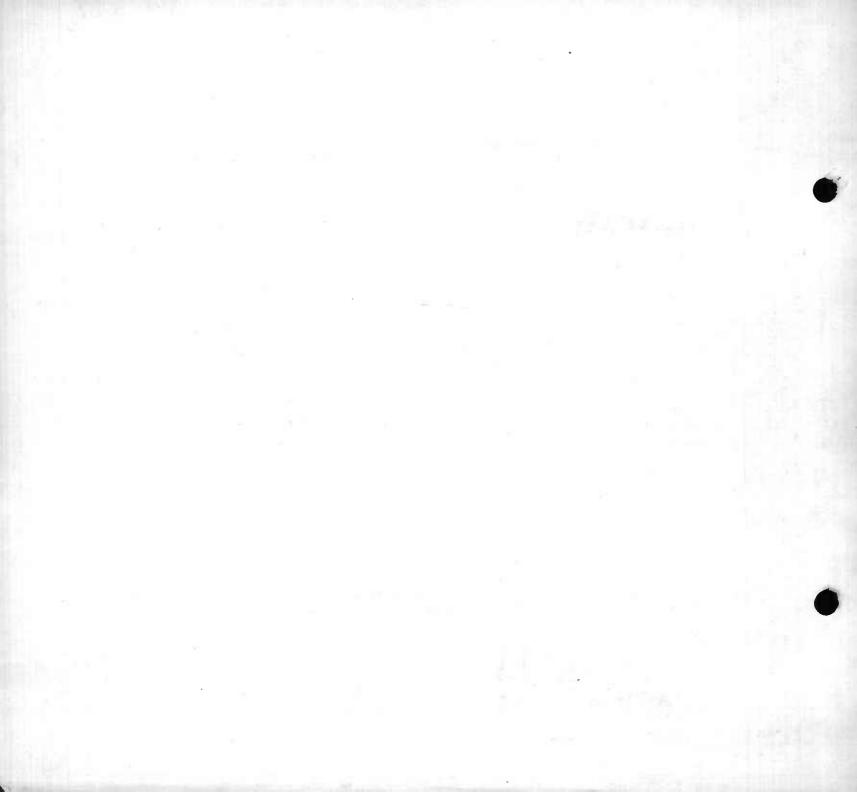
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.51	050		н но. 65 8984		CERTIFICA	TE OF	DEATH	Registered No	. 65 8984	_
200	deatl deatl cease on th	1. N (Typ	AME OF DECEASED Mars de 19 Print) BENJAMINE FIR	TH , -	Sr.		AU	6 28,1	965 1 Am.	_
To a	ospite 6 of 5) De nce leath		TULL NAME OF (If not in hospital or insti		e street	A. STATE	RESIDENCE (Where B. COUN		institution: residence before admission	,
34/2	caus caus use; (; tenda	H	OSPITAL OR Oddress or locotion) NSTITUTION THE JOHNS HOPKINS HO				SEX (If out	side city limits, write	e RURAL ond give township)	
哉しか	d ing					1 8		SSEX AVE	+21	
E KS	occurre ontribut ermined regular sased p	5. s			EVER MARRIED DIVORCED (specify)	B. DATE 0		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
EXAMIN	death or con Undeter as in re e decea	done	USUAL OCCUPATION (Give kind of work 108. KI during most of working life, even if retired) wher-Trucking busin		USINESS OR INDUSTRY	Pe	nna.		12. CITIZEN OF WHAT COUNTRY?	
	rec (4) (4) th		CHARLES FIRTH			BL	anche Wo			
MEDICAL	the di the di kind; death nce on		Was Deceosed Ever in U. S. Armed Forces? ,,na or unknown) (Iff yes, give wor or dates of se		6. SOCIAL SECURITY NO. 186014419	17. INFORM	Dorothy	Firth	ADDRESS	
OF MEDICAL IMPORTAN	Also, if e of any counced attendar		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	,	CAUSE O	F DEATH	0	THE PARTY OF	INTERVAL BETWEEN ONSET AND DEATH	
CENDENA O	ם בים בים		(This does not mean the made of dying heart failure, asthenia, etc. It means the di injury or complication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) statin UNDERLYING CONDITION lost.	giving	(B) AR	Bei	DSCLE	INFARI ROSIS	6 mo	
AL D	edic edic ourn nysi	ATION	II OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE						_
BY I	chief Body the pysicic	ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION		20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING		208. IF YES, WER	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?	
CAL	y the ital by e; (2) / here No ph	CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PL home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, of	fice bldg., I	TC. WHERE DID	(If in Battim	ore City, give exact location)	
MED CAL	Ad be a state of individual and a state of the state of individual and a state of individual and		OF INJURY	While Work	At Not While		F. HOW DID INJ	URY OCCUR?		
	of arr		22. I certify that (I) (this haspited) attention (I) (ve) lost sow the deceased all and hour and from the causes stated ab	/e on	AU 6 28		65 ond the	of in (my) tour) o)6-28 1965 pinion death accurred on the dot	0
ASED AS	cate must be cvas released that accident of a tankspital prior to death)		23C. PHYSICIAN'S NAME (Type) J.Q.J HUMPHRIES	Rris	M.D. Atte	ending s.	Med. Director	Stoff Phys. PKINS HO	Juny 28, 65	
RELEASED	This certification the body we shows: (1) was D.O.A. deceased gardens	24A	REMOVAL (Specify)	24C.NAM	dens of Fo		24D. Le		(City, town, or county) (State)	
	This ce the books: was D. deceas	Ĺ	AUG 31 1965 R. C.	BE.	registrar Ferryman	25C. F	UNERAL DIRECTOR		Baltimore, Md.	
100		VS	150-REV. 1/4/65			. 0	4 4 6			







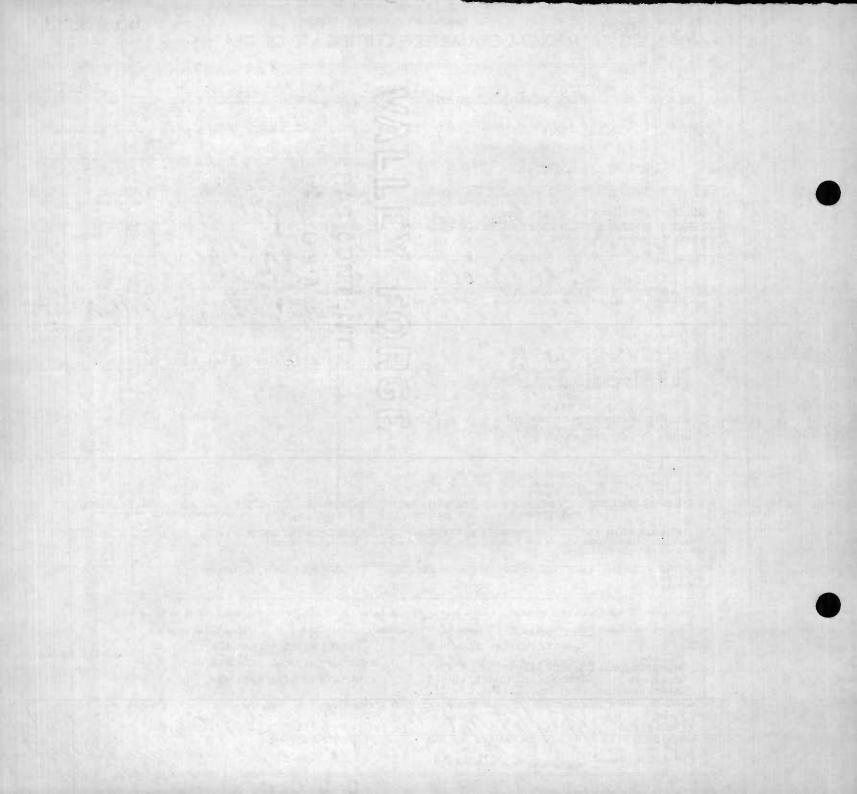
BRITH NO. CERTIFICATE OF DEATH Registered No. T.NAME OF DECEASED (Type or Phin) D. A. LCASE NO. T.NAME OF DECEASED (Type or Phin) FULL NAME OF DECEASED (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF (If not in baspitel or institution, give steel oddiess or lecellar) FULL NAME OF
3. PLACE OF DEATH IN BALTIMORE MARYLAND 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admits 8. COUNTY B. COUNTY A. STATE 8. COUNTY B. COUNTY A. STATE 8. COUNTY B. DATE OF BIRTH 9. AGE In years 10st birthday B. DATE OF BIRTH 9. AGE In years 10st birthday B. DATE OF BIRTH 9. AGE In years 11 If Under 14 Tr. If Under 24 In Months Days Mo
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED (If not in hospital of Paltituste 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED (INDUSTRY) 10. USUAL OCCUPATION (Give kind of work done down it retired) 10. STREET NAME WILLIAM G. 10. STREED, NEVER MARRIED (In Justice (Stole or foreign country) Never Worked 11. BIRTHPLACE (Stole or foreign country) 12. CITY OR TOWN (If outside city limits, write RURAL and give township) 12. CITY OR TOWN (If outside city limits, write RURAL and give township) 13. PATHERS NAME WILLIAM G. 14. MOTHERS MAIDEN NAME Isabelle Berger 15. Wos Deceased Even in U. S. Armed Forces? 16. SOCIAL STEAMERS NAME WILLIAM G. 18. John G. 19. John G. 19
FULL NAME OF HOSPITAL OR Oddioss or locotion) Sinar Hospital of Raltimore C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) Sinar Hospital of Raltimore D. STREET ADDRESS (If uno), giveglocotion) Rd. #12 S. SEK 6. RACE MARRIED, NEVER MARRIED WIDOWCED (specify) NOUNCED (
HOSPITAL OR TOWN (If outside city limits, write RURAL and give township) Sinal Hospital of Raltimere Sister Address (If unid, give allocation) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Delitable D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 Sister Address (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. STREET ADDRESS (If unid, give allocation) Rd. #12 D. S
Sinai Hospital of Raltimore D. Street Address (If wol, give locotion) Rd. #12' 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spocify) Never Worked 1001 birthdoy) Never Worked 1001 birthdoy Never Months: Doys Hours Min Never Worked 1001 birthdoy North 1001 birthdoy Never Worked 1001 birthdoy Never Worke
SEX 6. RACE WIDOWED, NEVER MARRIED WIDOWED, DIVORCED (specify) Not warried. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Not warried. 8. DATE OF BIRTH 9. AGE (in years lost birthday) bost birthday? Months: Doys Hours Mir 3/3/1890 9. AGE (in years lost birthday) bost birthday? Months: Doys Hours Mir 3/3/1890 9. AGE (in years lost birthday) bost birthday? Months: Doys Hours Mir 3/3/1890 9. AGE (in years lost birthday) bost birthday? Months: Doys Months: Doy
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years withholy) Months Doys Hours Mir Months Doys Month
WIDOWED, DIVORCED (spacify) Naver Warried. 108. KIND OF BUSINESS OR INDUSTRY Never Worked. 11. BIRTHPEACE (State of foreign country) What country? Never Worked. 12. CITIZEN OF WHAT COUNTRY? WHA
13. FATHER'S NAME William G. Young 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dates of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearf failure, osfhenio, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Baltimare, 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? U. S. Armed Forces? 14. MOTHER'S MAIDEN NAME Isabelle Berger 17. INFORMANT Same SISTEMAN CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (A) Septie Shoek. due to define perfect to the part of the disease, injury or complication which caused death.) ANTECEDENT CAUSES OR COUNTINANT (B) Muptured divertical of Septical (B) Muptured divertical of Septical (B) Muptured divertical of Septical (COUNTRY? (COUNTRY? (A) DISEASES OR COUNTINANT (B) Muptured divertical of Septical (COUNTRY? (COU
Mever-Worked Never-Worked 14. Mothers Maden Name William G. Young 15. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yos, give wor or dotes of service) 16. SOCIAL SECURITY NO. 214-26-9394 18. 2040 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Maphinal Directly Grant Gra
13. FATHER'S NAME William G. Young 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dotes of service) 16. SOCIAL SECURITY NO. 214-26-9394
William G. Young Isabelle Berger 15. Was Deceased Even in U. S. Armed Forces? (Yes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO. 214-26-9394
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yos, give wor or dotes of service) 16. SOCIAL SECURITY NO. 214-26-9394
(Yes, no or unknown) (Iff yos, give wor or dotes of service) SECURITY NO. 214-26-9394
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UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
18/2/163 to run tured die mir d discribenti
OR CONTRIBUTION COLUMN OF THE COLUMN AND A COLUMN
DEATH (notify medical examine) etc.)
21D. TIME (Month) (Doy) (Yoot) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not White
22. I certify that (I) (this hospital) attended the deceased from 8/27 1965 to 8/28 1965
that (1) (we) last saw the deceased alive an 6/28 19 6 5 and that in (my) (our) apinion death accurred on the
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
M.D. Attending Med. Stoff 8/28/65
23C. PHYSICIAN'S [23D. ADDRESS
MAME (Type) and Faiture M.D. Sinai Hospital of Baltimore.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Sto
AUG 31 1965 Poly of E. Fallyman 256. FUNERAL DIRECTOR Rolls, mg. 212
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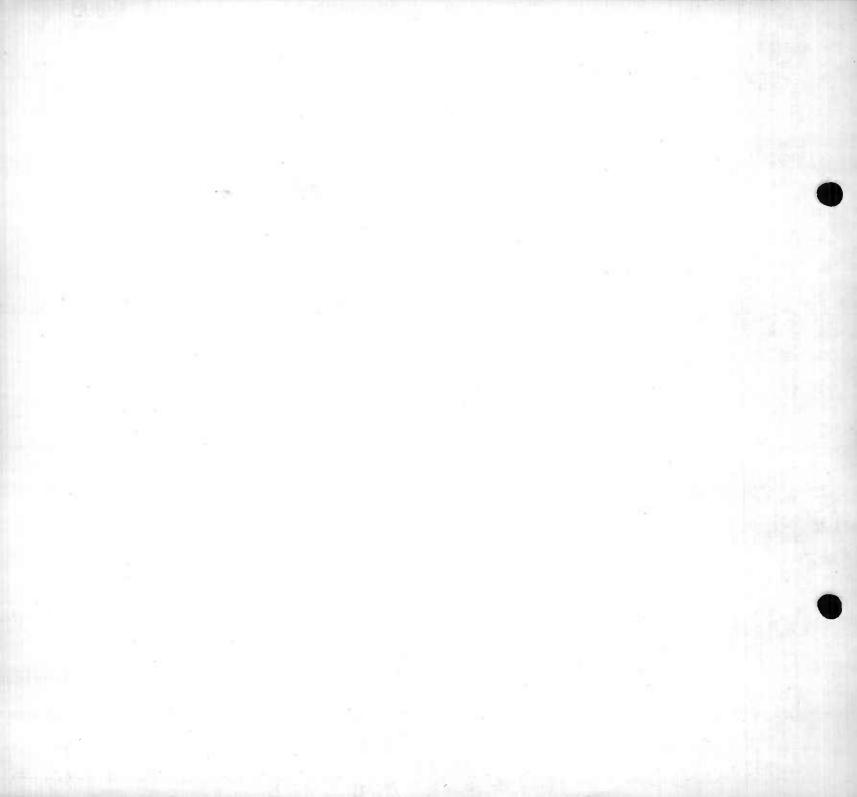
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BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WILLIE P. WATKIN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
S. FEACE IN BACINGAL MARIEAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore 13-12
1409 Batmast Ctmast	D. STREET ADDRESS (If rurol, give locotion)
1408 Retreat Street	1408 Retreat Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male Negro Middwed, Divorceto(specify)	Mar. 24, 1899 lost birthdoys Months, Doys, Hours, Min.
done during most of working life, even il retired)	Y11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Mushap, 11.C
Dec Walkers	Allie Bull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
Tresting of children with 123, give woll of doles of services	mrs. Estelle Walking 140 8 Kelnat St
IB. 4 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	riosclerotic Cardiovascular Disease.
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISA, DATE OF OPERATION WAS PERFORMED (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
✓ 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE ORK
22.	tapsy and that an this basis, death In my apinlon
resulted fram: Natural causes X Accident Suicid	Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE (Charles) Ten M.D	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 8/26/65
NAME (Type) Charles S. Petty, M.D.	230 100 100
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY (REMOVALISpecify)	or CREMATORY 23D, LOCATION (City, town, or county) (Stote)
Duna 8/2465 ml, Cal	ray en Brotklyn ned.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	ADDRESS ADDRESS
AUG 31 1965 Robert E. Farluna	people x, and 2222 IN , now
VS 151-REV. 1/1/65	Sall , MA

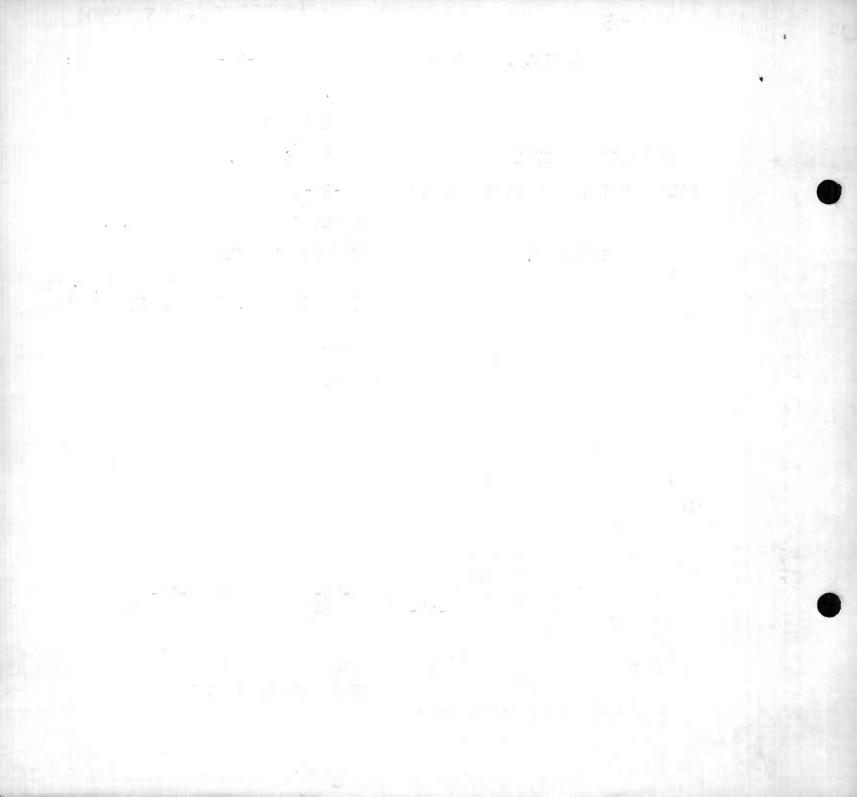


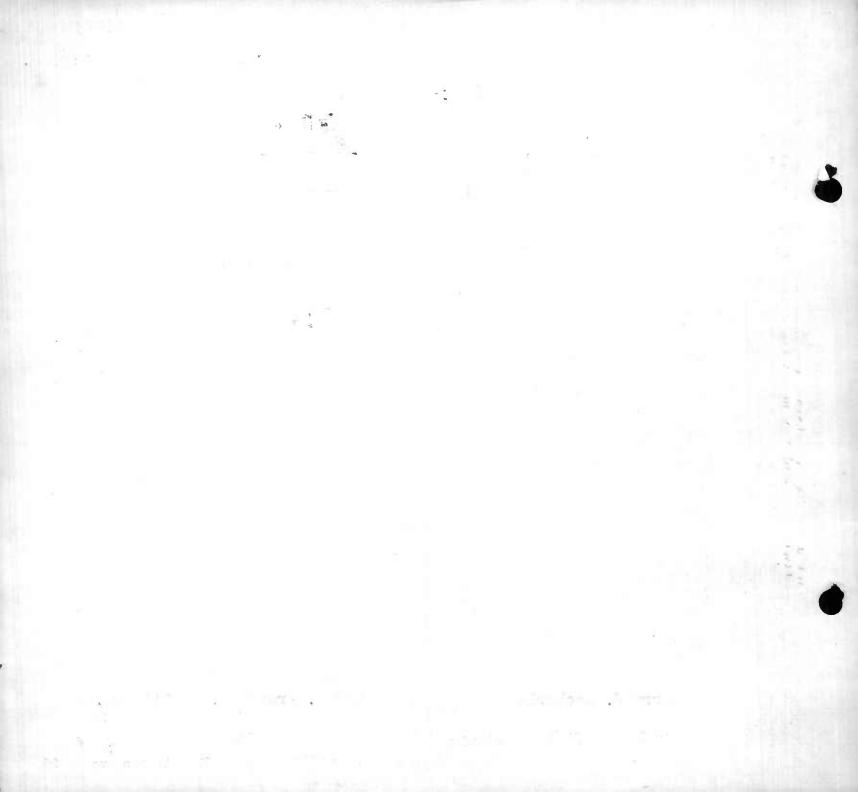
5	TH NO. E. CASE NO. 65 8990	CERTIFICA	TE OF DEATH	Registered No.	0000	
1, N	AME OF DECEASED		2. DATE A	7 9 - 65		Δ
3. P	DENNIS WALK	ER	4. USUAL RESIDENCE (Wh		itution: residence before	odmissio.
			A. STATE B. COU	NTY	8-45	001111 33101
ŀ	FULL NAME OF (If not in hospital or institution, given oddress or location)	e street	C. CITY OR TOWN (IF of	utside city limits, write RU	IRAL and give township)	7
5	NSTITUTION		BALTIMORE			
5	THE JOHNS HOPKINS HOSP	ITAL		rurol, give location)		
					STREET	
5. S	SEX 6. RACE 7. MARRIED, NIALE NEGRO MARK	DIVORCED (specify)	9-23-00	9. AGE (In years lost birthday)	If Under 1 Yr. If Und Months Doys Hours	ei 24 Hrs Min.
tóà	LUSUAL OCCUPATION (Give kind of work 108, KIND OF B			eign country)	12. CITIZEN OF WHAT COUNTRY?	
1	during most of working life, even if retired)	NG Co.	Process	Va	7/1SIA	
13.	FATHERS NAME	186 61	Prospect 14. MOTHERS MAIDEN NA	ME	413117	
	JOHN MITCHELL		CATHERINE	WALKER		
15.		6. SOCIAL	17. INFORMANT		ADDRESS	
(183		SECURITY NO.	MrsLouise	14/2/Kanga	MAN Waste	NA+
-	Ves W.W.I	CAUSE C	OF DEATH	Wall) EY ZO	INTERVAL BETY	VEEN
	DISEASE OR CONDITION DIRECTLY	21.			ONSET AND D	
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) V	MSSIVE ACUTE POST. MI	ANT. HAD	1/2 DAY	
	hearl failure, ashenia, etc. Il means the disease, injury or camplication which caused death.)					
	ANTECEDENT CAUSES	(B) A/	RIERLO SCLER	OTTL CARDIO	2YR	5 ,
	DISEASES OR CONDITIONS, if any, giving	DUE TO	rASC. D'IS .			
	rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(C)	MACONO 2000 C CO DE CENTRO CO	a a a a a a a a a a a a a a a a a a a	000 0000000000000000000000000000000000	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WE	ICH OPERATION	20 A. AUTOPSY? (Yes or N	O 20B. IF YES, WERE FIL	NDINGS CONSIDERED	
ERT		LACE OF DELIVERY	NO			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218, P home, etc.)	form, foctory, street, o	in or obout 21 C. WHERE DID strice bldg., INJURY OCCUR?	(If in Bollimore	City, give exact location	
ă	21 D. TIME (Month) (Dov) (Year) (Hour) 21E. II	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
AE	OF INJURY (APPROX.) While	At Work				
	22. I certify that (I) (this hospital) attended the		Α	19 62 to 8-	29 1	90 5
	that (I) (we) last sow the deceased alive on		. /	hot In(my) (our) opini		-
	ond hour and from the causes stated above. (1)			6		
	23A. SIGNATURE				238. DATE SIGNED	77
	Coluny 7. Com	M.D. At	tending Med. Director	Stoff Phys.	8-29-65	
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
	ASHEV Y. AM	152 M.D.	Jours 160p	Kins 17	63 P 10 DC	
24A	A. BURIAL CREMATION, 248. DATE 24C. NAN	AE of CEMETERY OF CE	REMATORY 24D.	LOCATION (City	, town, or county)	(Stote)
	Bunial 9-1-65 Nat A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	ional Cem	etenv B	altimone	. Md	,
254	and the second s	REGISTRAR	25C. MUNERAL DIRECTO	" 10' 1	ADDRESS	
	AUG 31 1965 R.C. B. E. to	West M.M	Sandolphy	Colleck 141.	2E. Presto	NS
VS	150-REV. 1/1/65	and for	8 5 0 8			

BALTIMORE CITY HEALTH DEPARTMENT



	IELD, BABY BOY		8-24-65	7:15P M.
FULL NAME OF HOSPITAL OR INSTITUTION ST AGNES HOSP	tol or institution, give street ution)	MU.	f outside city limits, write (If rurol, give location)	RURAL and give township)
S. SEX 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCES (Specify)	B. DATE OF BIRTH 8-24-65	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of videne during most of working life, even if refire		MARYLAND	foreign country)	12. CITIZEN OF WHAS COUNTRY?
13. FATHERS NAME EDWARD	C.	JEANNIE DE	ANGELIS	
15. Wos Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or o	Forces? lotes of service) 1 6- SOCIAL SECURITY NO.	ST AGNES H	CAT OSP.RECORDS	ON AVES. 21229 S, WILKINS AND
CTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R LEADING TO DEATH (This does not meon the mode heart loilure, ostherio, etc. It mer injury or complication which couse injury or complication which couse (DISEASES OR CONDITIONS, rise to the above couse (UNDERLYING CONDITION last.) OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	of ony, giving A) stoling the (C) CONTRIBUTING ELATED TO THE	Prematurely		
E O WAS	ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes o	No. 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examinet) 21D. TIME (Month) (Doy) (Ye (APPROX.)	or) (Hour) 21E INJURY OCCURRED	Vhile	INJURY OCCUR?	ore City, give exoct locotion)
that (I) (we) last sow the dece	spred above. (1) (We) (did) (did not	19 65 one on the body ofter december 19 65 one Attending A Med. Director Director ST AGNES H		238. DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24	D. LOCATION	City, town, or county) (Stote)



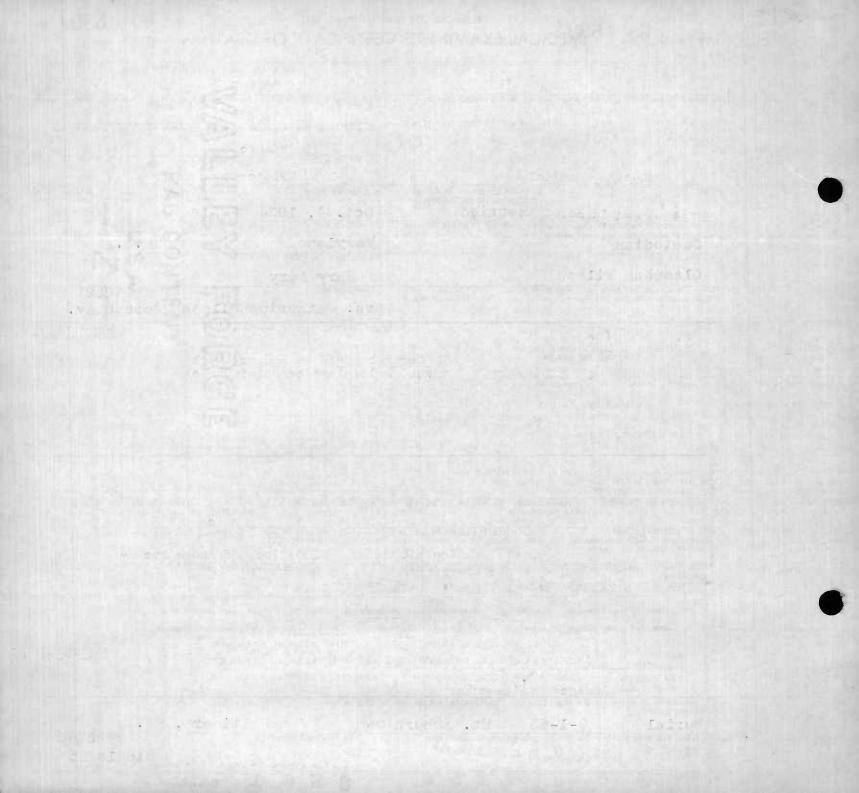


	BALTIMORE CITY HEALTH DEPARTMENT	
	RTH NO. CERTIFICATE OF DEATH Registered No. CERTIFICATE OF DEATH	993
1. Г	NAME OF DECEASED Jurnak, Joseph R. 2. Date and Hour of Death 2. Date and Hour of Death 8/29/65	5:15 PM
	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whore deceased lived. Il institution; tos A. STATE B. COUNTY A. STATE B. COUNTY Oddress or location) C. CITY OR TOWN (Ill outside city limits, write RURAL and	los
1	Monto bello State Hogistal D. STREET ADDRESS (If rujol, give locotion) 1710 Good view Rd.	53-00
1.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH Ost birthdow Months: Months:	1 Yr. II Undor 24 Hrs. Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZI WHA	U.S.
	James Jurnak 14. MOTHERS MAIDEN NAME Tomes Jurnak Eva Rucin	
5. Y c	Was Deceased Ever in U. S. Armed Forces? os, ng or unknown) (If yes, give war or dates of service) Yes 16. SOCIAL SECURITY NO. 169-14-3282 Helena Jurnah 1710	Goodview P.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Dilecteral promonia	NTERVAL BETWEEN NISET AND DEATH
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	2413
7	rise Ia the above cause (A) staling the (C) UNDERLYING CONDITION last.	
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFIING CAUSES OF D	CONSIDERED
AL CERTIFIC	OR CONTRIBUTING CAUSE OF home form foctory street office bldg INTURY OCCUP?	
MEDICA		
	22. I certify that (I) (this hospital) attended the deceased from 6/8 1965 to 8/29 that (I) (we) last sow the deceased alive an 8/29 1965 and that in (my) (our opinion death	1965,
	ond hour and from the couses stated obove. (1) ((e) (did) (did not) view the body after deoth. 23A. 51GNATURE Older Med. Stoff Phys.	SIGNED /65
24	23C. PHYSICIAN'S NAME (Type) M.D. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	county) (State)
	REMOVAL (Specify) Burial 9-2-65 St. John's Slovak Cemetery Taylor, Pennsylvania A. Date REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR'	
		Taylor, Pa.

V5 15-3 9-27-65 MH

100

1	BIRTH NO. 65 89 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
W-403	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) VERNON WILSON	2. Date and Hour Pronounced DEAD August 28, 1965 , 3:15 a
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
		Baltimore D. STREET ADDRESS (II rurol, give locotion)
	Lutheran Hospital	2910 Reisterstown Road
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Custodian 13. FATHER'S NAME	8. DATE OF BIRTH Oct. 4, 1934 10st birthdoy) Oct. 4, 1934 10st birthdoy) 11 Under 1 Yr, If Under 24 Hrs. Months, Doys Hours, Min. Months, Doys Hours, Min. 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? U.S.A
	Cleophas Wilson	Mary Pary
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Catherine Wilson Joseph Av.
	(This does not meen the mode of dying e.g., heart failure, esthenio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ot wound of abdomen with ultiple internal injuries
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	UNING CAUSE OF DEATH. OUTING CAUSE OF DEATH. Sidewalk	2300 Block of Anoka Avenue
	OF INJURY (APPROX.) 8 27 65 9:40 pm WHILE AT NOT AT W	WHILE Shot ,
	resulted fram: Vatural Causes Accident Suicid	tapsy x and that an this basis, death in my apinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
The Party of	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	Burial 9-1-65 Mt. Auburn	Cem Baltimore, Md.
	AUG 31 1965 Robert E, Janky M.	24C. FUNERAL DIRECTOR ADDRES 78W Laures a. Hussley Biddle St
	VS 151-REV. 1/1/65	0 0 0 0 0



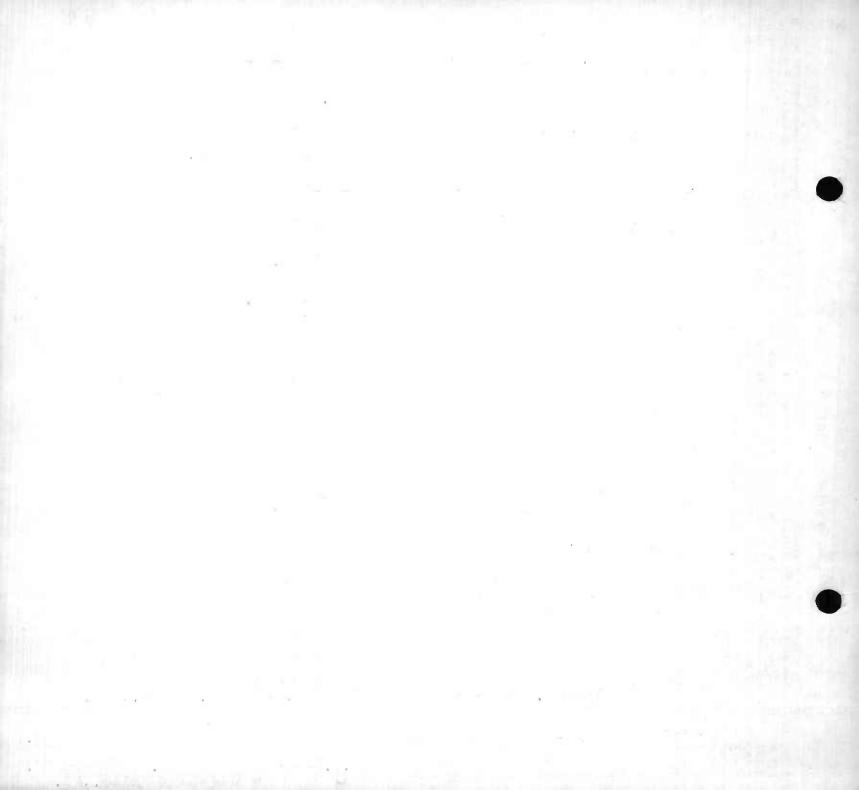
M.E. CASE 1. NAME OF	DECEASED	8995			and HOUR OF DEATH	
FULL NA HD SPITA	DR oddress	PERU ORE MARYLAND hospital or institut or location)	ion, give streel	4. USUAL RESIDENCE (WHA, STATE B. COU	Bettimon	nstitulian: residence before admissi
38 U	wersity 1	Jospitel		D. STREET ADDRESS (frurol, give location)	
5. SEX 3	6. RACE	WIDO	NED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
	OCCUPATION (Give k lost of working life, even		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or for		12. CITIZEN OF WHAT COUNTRY?
13. FATHER	anon Per	my		14. MOTHER'S MAIDEN N.	ame	
15. Was De (Yes, no or un	eosed Ever in U. S. A known) (If yes, give w	or or dates of servi	security No.	17. INFORMANT)	ADDRESS
18. 2	60 X I	TON DIRECTLY	CAUSE O	PF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This c	LEADING TO oes not mean the ilure, asthenia, etc.	DEATH made af dying,		Unes		2
	r complication which	r coused death.)	(B) Kum	lltel -W.	ha Dine	e yen
rise	ES OR CONDITION The above countries LYING CONDITION	se (A) staling		olut helle	<u> </u>	ym
€ 10 T	SIGNIFICANT COND TE DEATH BUT N E DR CONDITION C	OT RELATED TO	JTING THE			
	TE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or I	10 CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CO	CIDENT WAS UNDENTRIBUTING CAUS	RLYING DE OF	21B PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or about 21 C. WHERE DID fince bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
OF INJ	JRY	Yeor) (Hour)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID IN	NJURY OCCUR?	
thot \$	(we) last sow the	deceased alive	on 28 Cury (e. (I) (We) (did not)	19 695 ond	that in (my) (our) op	8 (ungent 19 65
23A. SIG	NATURE Richard P	'hangaa	0	ending Med.	Stoff Phys.	28 any 65
24A. BURIA	CREMATION, 24B.	NorG	AARD M.D.	University 24D.		City, town, or county) (State)
Bur	REC'D BY HEALTH D		It. Auburn Cen	25C. FUNERAL DIRECTO	altimore,	Md 578Appress
		NI II IZOD, NA	ITTE OF REGISTRAN	MOUTH DIKECT	w n	i i i i i i i i i i i i i i i i i i i



rul y's substitute to any south which the state of reep 1. 5. . 6 . . A-1 to the state of the state o 7-1111 Acres 1831 grand littles and the state of the state of

BALTIMORE CITY HEALTH DEPARTMENT

Letter from Union Memorial Hospital 9-7-65 M.H.



IMPORTAN

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

